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ABSTRACT

The booklet describes four model autism sites that were funded in Iowa from 1980 to 1983. Each project's structure, goals and accomplishments, and future tasks are noted. The first project included an interdisciplinary autism resource team and a center-based, self-contained demonstration classroom. The second was a rural delivery model providing consultation, diagnosis, and direct services to autistic children and their parents. The third project focused on developing exemplary delivery systems in the current program and contrasting these systems with the self-contained model. The fourth and final project included emphasis on placement in the least restrictive environment and curriculum development for community/vocational competencies as well as school competencies. Appended materials include a list of characteristics of students with autism and of curriculum tasks in educational, domestic, leisure, communication, and community functioning domains. (CL)

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Iowa Monograph:

Autism: Model Projects

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AUTISM: MODEL PROJECTS

Carl R. Smith & Nancy Brees
Editors

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Autism: Programmatic Considerations, Carl R. Smith, Jeff Grimes, and J. Joseph Freilinger, 1982.

Autism: Model Projects, Carl R. Smith and Nancy Brees, Editors, 1983.

INTRODUCTION

This monograph describes four model autism sites that were funded in Iowa from 1980 to 1983. A growing awareness of the unmet educational needs of students with autism in Iowa led to the development of these projects. This awareness was combined with a belief that local and area education agencies could cooperatively provide appropriate educational programming for these youth. Therefore, the Iowa State Board of Public Instruction authorized in 1980 the use of P.L. 94-142, Part B, E.H.A. funds to support the establishment of four model sites to demonstrate programming for autistic youth.

The belief in the capabilities of the educational structures within Iowa to meet this area of need is confirmed by examining the content of this document. We are also pleased that, although formal supplemental funding has ceased, the activities of these model sites are continuing. We would like to thank all of those professionals involved directly and indirectly with these projects for making them a success.

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CONTENTS

Introduction iii

Contents v

Part I

NORTHERN TRAILS AEA 2: Autism Project, 1980-1983 1

Part II

PROJECT OUTREACH: The Autism Service Center: A Rural Delivery Model, 1980-1983 19

Part III

LOESS HILLS AEA 13 AUTISM PROJECT, 1980-1983 35

Part IV

SOUTHERN PRAIRIE AREA EDUCATION AGENCY AUTISM SERVICE CENTER, 1980-1983 51

NORTHERN TRAILS AEA 2

Autism Project

1980-1983

Submitted by

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A SUMMARY OF NEED FOR THE PROJECT

Autism was first identified by Kanner (1943) as a syndrome separate and distinct from previously recognized childhood pathology. However, Kanner's original concept, carefully delineated in his earlier work, was severely diluted in the 1950's, and autism became a catch-all category for many mental and emotional disturbances, such as childhood schizophrenia and retardation (Kanner, 1965). The prostitution of the term autism added to the confusion and mystery with regard to the aspects of identification and programming.

Results of research studies comparing autistic children with retarded children matched on relevant variables (age, gender, and I.Q.) have consistently shown that autistic individuals perform differently from the retarded non-autistic population (Gillies, 1965; Hermelin & O'Connor, 1970; Lockyer & Rutter, 1969, 1970; Rutter, Greenfeld, & Lockyer, 1967; Schoppler, 1966; Tubbs, 1966). Similarly, differences between autistic and schizophrenic individuals are sufficiently extensive to regard them as separate conditions (Rutter, 1974; Stainback & Stainback, 1980). These differences between autistic children and mentally retarded emotionally disturbed children argue for the need to develop educational programs different from those routinely provided these other populations.

It has been common to find autistic children receiving services in classes for the mentally disabled. Failure to provide appropriate programs for children with autism within those settings was noted as a particular problem within Area Education Agency (AEA) 2. For example, in one instance, a child who was identified as autistic approximately eight years before had received programming in a special classroom for the moderately mentally disabled. Staff involved with that program had documented that the student was progressing in several developmental areas. Upon entering a center-based program for children with autism, an evaluation was completed by professionals trained to work with children with autism. That evaluation showed that, although the child was giving correct responses to verbal and visual cues, he was not processing the information presented to him. Because of the severity of his communication handicap, the student had rote memorized a series of responses, triggered by the specific visual or verbal cue. He was, therefore, not able to generalize the information to other situations and had no functional use of the skills demonstrated in the mental disabilities classroom teaching situation.

At that time, three other children with autism had been identified and were served in such varied settings as a residential facility for emotionally disabled, and classrooms for moderately mentally disabled students. In addition, the parents of an adolescent girl with autism who was in residential placement in AEA 2 requested that persons trained in the treatment of autism be involved in the development of the Individual Education Plan (IEP). The parents further requested that these professionals trained in the treatment of autism be involved on a consultative basis for the implementation of her program.

In addition, eight students who were served by AEA 2 speech and language clinicians were identified, upon screening, as displaying autistic-like characteristics. Those students required further diagnostic assessment to determine recommendations appropriate to programming, and eligibility for services.

Prior to the initiation of the AEA 2 autism project, it was determined other children with autism may have been receiving programming in classrooms designed to serve children with other disabilities and different categorical labels. It was further thought, children with autism being served in classrooms for children with other disbilities may have been experiencing similar problems to the examples previously cited. It could have been that the staff working with the children were not aware of the implications of the diagnosis of autism on program design.

STRUCTURE OF THE PROJECT

Area Education Agency 2 encompasses a population of approximately 27,000 individuals from birth to age 21. Based on national incidence figures of 4 to 5 per 10,000 (National Society for Autistic Children), 11 to 14 individuals with autism, ranging in age from birth to 21, would be expected to reside within AEA 2. A concentration of residential treatment facilities within AEA 2, serving severely emotionally disabled and severely/profoundly mentally handicapped, could result in a higher incidence figure than cited.

The AEA 2 Autism Project Service Delivery System was divided into two integral components: (1) an interdisciplinary Autism Resource Team (ART); and (2) a center-based, self-contained demonstration classroom.

The interdisciplinary ART consists of an occupational therapist, consultant for behavioral disorders, speech and language clinician, school psychologist, school social worker, and parent representative. The ART provides support services to the center-based demonstration classroom, children with autism and their families in the home setting, and other professionals working with persons with autism in various settings throughout AEA 2. Figure 1 provides an example of the referral process established by the ART and Figure 1a helps to illustrate that the services provided by the team are offered along a continuum.

The second component of the project, the model classroom, is a self-contained program for students labeled behaviorally disordered/ autistic, and has a teacher to pupil ratio of 1:5. The classroom began operation in 1979, prior to the initiation of the autism grant. At that time, the classroom utilized one teacher and one full-time teacher's aide. With receipt of the grant, services were expanded to include, in addition to the teacher and aide, increased time for clinical speech and language services, full-time services of a paraprofessional data collection aide, and the services of a certified occupational therapy

AEA 2

AUTISM PROJECT

REFERRAL PROCESS

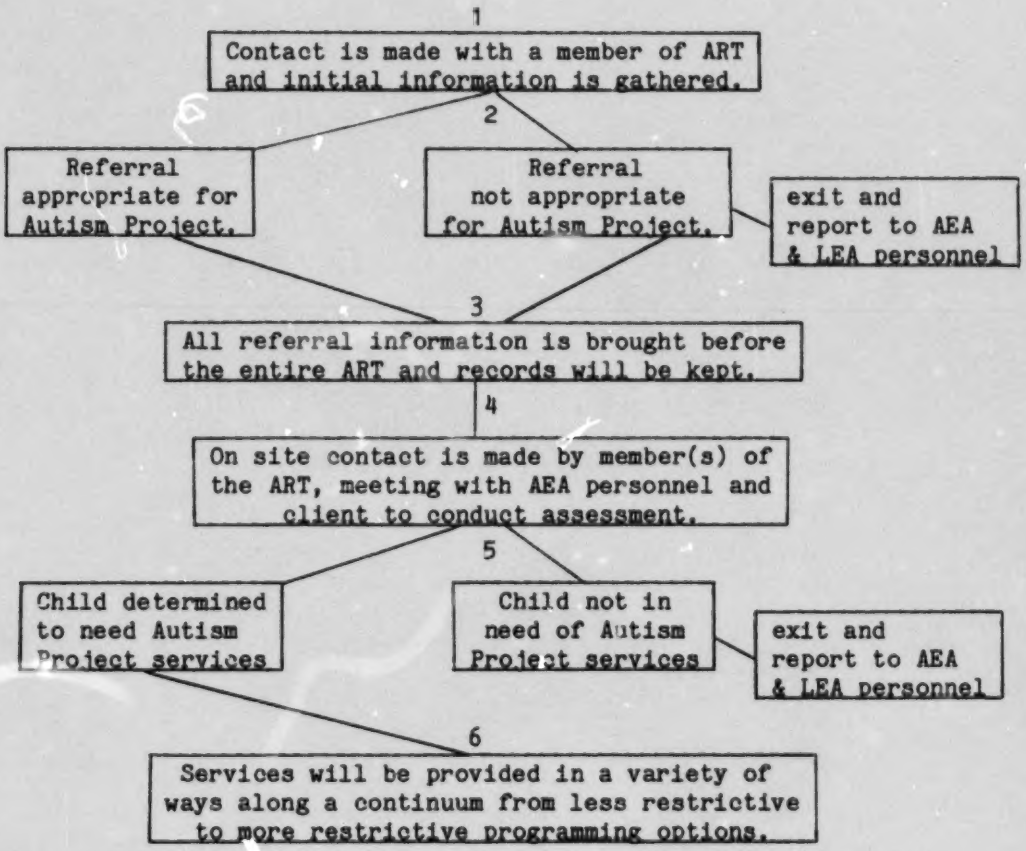
1
Contact is made with a member of ART and initial information is gathered.
2
Referral appropriate for Autism Project.
Referral not appropriate for Autism Project.
exit and report to AEA & LEA personnel
3
All referral information is brought before the entire ART and records will be kept.
4
On site contact is made by member(s) of the ART, meeting with AEA personnel and client to conduct assessment.
5
Child determined to need Autism Project services
Child not in need of Autism Project services
exit and report to AEA & LEA personnel
6
Services will be provided in a variety of ways along a continuum from less restrictive to more restrictive programming options.

Figure 1

AEA 2

AUTISM PROJECT

REFERRAL PROCESS

1, 2 Contact is made with a member of the Autism Resource Team (ART) and initial information is gathered. The referral contact could be initiated by anyone: parent, teacher, social service personnel, etc. At this point, the ART member may be able to decide whether the referral is appropriate or not. If the ART member determines the referral to be inappropriate, the AEA personnel serving the area in which the referral was initiated are notified and exit is made from the referral process. If the referral is determined appropriate, the referral process is continued.

3 All referral information is brought before the ART and records will be kept. This includes referrals determined inappropriate at Step 1. At this point, referrals determined appropriate will be discussed and a decision will be made as to which member(s) of the ART will make the on-site contact.

4, 5 On-site contact is made by member(s) of the ART meeting with AEA personnel, LEA personnel, and client to conduct interviews, observations, and assessment. This step may include: administering a formal or informal questionnaire to referring person(s), observation of client's behavior, administering formal evaluation instruments, etc. During this step, again, it may be determined the referral is not appropriate. In that case exit would be made from the referral process and a report would be made available to the ART and appropriate AEA and LEA personnel.

6 If on-site contact reveals that the client would be in need of services, the services would be provided in a variety of ways along a continuum from less restrictive to more restrictive options, i.e., consultation with teachers, parents, AEA personenl, LEA personnel; diagnostic placement in the Mason City based demonstration classroom; instructional programming, regular class to contained class options; referral to outside agencies; home intervention; or direct support services. Services may also be provided LEA or AEA personnel receiving input from the ART in any of the support disciplines: clinical speech and language, occupational therapy, psychological services, social work, or educational consultation.

Figure 1a

assistant (COTA). From 1979 through 1982, the classroom was housed in Roosevelt Elementary School in Mason City, Iowa. Prior to the start of the 1982-83 school year, however, the classroom was moved to Roosevelt Middle School to provide a chronologically age-appropriate setting for the students.

The demonstration classroom was intended to provide diagnostic and prescriptive placement services. A special observation booth was added which allows the classroom to serve as a center where people can come to improve evaluation or programming skills by observing and working directly with project personnel.

In the demonstration classroom, programming emphasis is placed on the use of chronological age-appropriate and functional curriculum, through the use of specially designed teaching strategies. Videotape is used extensively to assist in diagnostic work, programming, and evaluation of students' progress.

THE GOALS OF THE PROJECT

The proposed goals of the AEA 2 Autism Project were:

1. To continue and to expand support services to the autism class at Roosevelt Elementary.

2. To begin to provide (9/1/80) consultative service to all previously identified autistic children, including the autistic children at residential facilities and in other classrooms.

3. To continue to coordinate services between home and school through parent training, monthly parent meetings, home/school liaison services, and coordination of services with the demonstration classroom.

4. To systematically identify other children with autism in the area, principally coordinating a screening program in cooperation with the Child Study Unit (CSU of AEA 2) which served preschool handicapped children in the area.

5. To conduct inservice training for area professionals, including regular and special classroom teachers serving children with autism and other support staff, as well as child care staff, paraprofessionals, and other students.

Individual team members, such as the speech and language clinician, the school social worker, the school psychologist, the occupational therapist, and the behavioral disorders consultant, would perform the usual functions associated with these positions. They would also develop

skills in inservice training about autism, provide consultation on referred children through the local support staffs, and evaluate the effectiveness of each discipline's services. A unique position to the team was that of the parent representative. Specific functions of this particular individual included the following: (a) to provide immediate contact with the parents of newly identified children with autism for the purpose of gathering information concerning the child's educational program and the home/family environment; (b) to provide information regarding the function of the autism team to the new family and to encourage its involvement with the team; (c) to establish communication and interaction among parents having children with autism, and to provide information regarding the various parent/family support groups in their areas; (d) to advocate for parent/child rights; (e) to provide inservice for professionals and paraprofessionals with specific emphasis on the parent/family situation; (f) to provide information regarding the model classroom to visitors; (g) to provide the model classroom teacher with programming suggestions for the continued improvement of the exemplary classroom; and (h) to provide input to the team regarding attitudes and expectations of a newly identified family.

The autism class at Roosevelt Elementary School was the second component of the proposed service delivery model. It was intended to serve as a demonstration center-based program and as a center for short-term diagnostic and prescriptive placement. The DPI had approved funding for the operation of the center-based program during the summer of 1980. The AEA 2 Autism Project allowed the demonstration classroom to function on a year-round basis. The teacher of the demonstration classroom had primary responsibility for the daily operation of the class. Ongoing instructional services for the students in the demonstration classroom, as well as a short-term diagnostic and prescriptive placement, were to be closely coordinated with the autism team. In addition, the teacher would provide consultative services to visiting instructional and support personnel who were responsible for implementing recommended programs in home districts. Finally, she would supervise and coordinate the services of an instructional aide.

Specific classroom goals and objectives were as follows:

1. To provide exemplary year-round educational services to a group of autistic students who are at a variety of functioning levels and age ranges. Components of the model classroom program included one-to-one intervention, age-appropriate instruction, integration with non-autistic children, provision for community involvement experiences, systematic data keeping, establishment and maintenance of behavior management programs, and the use of a structured daily schedule.

2. To foster parent involvement in home/school coordination.

3. To develop, in close coordination with the autism team, detailed individual programming recommendations for children receiving short-term diagnostic placement in the classroom.

4. To make the classroom available two days a week for consultation with other educators.

5. To develop a model autism program which could be replicated in other areas.

6. To conduct systematic and ongoing evaluation through the use of videotapes, daily logs and charts, and ongoing analysis of performance objectives.

7. To supervise practicum teachers.

In summary, it was expected that the first year of the AEA 2 Autism Project would emphasize the refinement of programming in the demonstration classroom. Second year activities would focus upon educating the professionals and families in AEA 2 about autism, thereby initiating a system for referrals of appropriate children. Follow-up evaluation and consultation to area school staffs and families would follow. Emphasis during the third year of federal funding would center upon the continuation of outreach services to AEA 2 schools and the development of ongoing activities to be provided after funding had ended.

THE ACCOMPLISHMENTS OF THE PROJECT

1980-1981

During the summer of 1980, the autism resource team was formed. This would be the core of personnel which would develop the AEA 2 Autism Project during the next three years of funding. The team was composed of a school psychologist, a speech and language clinician, a consultant for behavioral disorders, a school social worker, an occupational therapist, a parent representative, a classroom teacher and her paraprofessional, a data collection aide, and a certified O.T. aide. An art teacher-consultant was also employed to provide services on a biweekly basis to the children in the demonstration classroom.

During this first year, the autism resource team provided the following services:

1. Increased direct services of the clinician, psychologist, and occupational therapist to the demonstration classroom.

2. Provided inservices on autism to area groups.

3. Continued home/demonstration classroom coordination with monthly parent meetings, daily memos and regular home visits.

4. Provided consultative services for already-identified children with autism in the area.

5. Processed a screening program through the Child Study Unit and AEA 2 speech and language clinicians.

6. Provided on-site assessment and consultation in home/school settings for children with autism or autistic characteristics.

An advisory committee was established consisting of the building principal, the teacher, the autism resource team, and the parents. This committee was not expanded to include representatives from the medical community and the Department of Social Services; the nature of this project as an educational model did not deem it necessary. Liaison with the Medical Evaluation Clinic for Children of Area 2 (MECCA II), the Child Study Unit, St. Joseph's Mercy Hospital, Grand of Iowa, North Central Human Services, Comprehensive Systems, Family Practice Clinic, and local pediatricians was initiated for purposes of identification, program planning, and coordination of services.

Demonstration Classroom:

Instructional and support services to the autism classroom were expanded as planned. The extent of services in the demonstration classroom were as follows: psychologist, half-day every two to three weeks; speech and language clinician, three to four half-days per week; occupational therapist, a half-hour once a week; social worker, a half-day per month; O.T. aide, one hour four days per week; full-time teacher, paraprofessional, and data collection aide (who provided half-time paraprofessional help) and art teacher-consultant, a half-day every other week. Observation in the demonstration classroom was facilitated with the addition of a separate room with sound system and two one-way mirrors. Evaluation of classroom objectives was attained by the employment of a third-party evaluator and a part-time data collection aide. Evaluation data was maintained on an Apple computer with the exception of language objectives which were recorded monthly on graphs. Monthly videotapes for each of the four classroom students were done in all skill areas. The teacher reported that all classroom goals and objectives were achieved, except for the two-week diagnostic placement and the regular visitation to each child's home. Short-term (two weeks) diagnostic placement in the classroom for children from outlying rural areas was not done because it was considered to be too disruptive to the ongoing classroom plan. One child received diagnostic placement (four weeks) in the classroom; permanent placement in the classroom followed. No student teachers did their practicum with the project, though brochures on the project and letters of introduction were sent to all area colleges. Model teaching and a year-round program in the demonstration classroom were obtained. Forty people visited the classroom during the school year.

Outreach Services:

The following team members were involved in observation, assessment, and consultation with nine students referred from outlying rural school

districts: psychologist, speech and language clinician, consultant for behavioral disorders, social worker, and occupational therapist. The parent representative provided support to five families of these children through documented phone conversations or personal contact. She advised families of outside support groups, kept them informed of area functions on autism, and encouraged parents to contact Congress members regarding special education budget cuts.

Of these nine students in the rural areas who received consultative services, three lived in residential centers, four were referred by the Child Study Unit and received home intervention, and two were mildly disabled and enrolled in regular education programs. With the exception of two of these students, systematic observation plus interview with referral sources and parents provided sufficient information for identification and consultation. Parts of the ASIEP, an autism screening instrument, were administered to two students from a residential center for severely and profoundly disabled. Follow-up documentation/ recommendation reports were presented at meetings for staff and parents. Three preschoolers were observed in the home setting and two of these children were videotaped for self-comparison study.

The speech and language clinician and psychologist gave a total of 13 inservice presentations on autism to AEA support staff, area vocational rehabilitation counselors, instructional staff in the area preschool handicapped programs, instructional staff at Gerard of Iowa, NTAEA, and to a local service club. Results of administered pre-post tests indicated a 70 percent average increase in knowledge level about autism. Leading authorities on autism visited the demonstration classroom on two separate occasions; they followed with child-specific inservices to the resource team and parents. These authorities were Lyle Chastain and Sheila Merzer of the Autism Center at the Minneapolis Children's Health Center, and Amy Lettick of Benhaven School in Connecticut. Lettick also gave a full-day inservice on the autistic adolescent to an audience of 75 from various locations in Iowa and Minnesota.

To further promote education on autism in AEA 2, a professional library of 75 reference books or stimulus materials was developed. Two articles on autism were published in the Mason City Globe Gazette. Team members were interviewed on three radio shows. During National Autism Week in December, public awareness "spots" were made for all of the area radio stations. A single sheet article on autism was sent to 12 rural newspapers. The team also reviewed relevant films, sent six members to observe at the Minneapolis Autism Center, two members to the 1981 Special Studies Institute on Autism sponsored by Iowa DPI, and two people to the State Behavior Disorders Conference in Des Moines.

As a result of the extensive efforts to educate the team and others about autism, and as a result of the dissemination of the Request for Conference Interview Questions form (Figure 2), 14 children were referred (as candidates for the project) by area professionals and families. This system (the inservice with the interview questions) was considered to be an effective method of screening. As was previously noted, 9 of the 14 children were appropriate candidates to receive project services.

AUTISM PROJECT
Request for Conference Interview Questions

Name_____ Sex____ DOB_____ Present Date_____
Building_____ District_____ Class_____
Referral Source_____

COMMUNICATION:
1. Does the child have difficulty initiating and/or maintaining interaction?
2. Does the child show a lack of speech, echolalia, perseverative speech, or fail to use existing language to communicate?
3. Does the child show limited or inconsistent response to the spoken language? Is the child unaware of the meaning of language and consequently has difficulty understanding speech?
4. How verbal is the child?
5. Does the child use pronouns appropriately?
6. Does the child verbalize or head nod the affirmative yes?
7. Does the child use basic gestures--pointing giving, reaching, taking?
8. Does the child use verbal/nonverbal language to get his desires met?

LEARNING:
1. Does the child seem to lack the motivation and/or ability to cooperate in the learning situation?
2. Does the child integrate skills, or make functional use of acquired abilities?
3. Is there a lack of intellectual development, or a delay in some areas with normal or superior abilities in other areas?
4. Has there been uneven improvement or apparent regression?

INTERACTION:
1. Does the child seem unable to play independently or with other children?
2. Does he/she have difficulty functioning in group situations?
3. Does the child respond appropriately to adults and other children?
4. Does he/she use objects or toys in a repetitive or peculiar manner?
5. Does the child seem to be socially aloof?
6. Does the child use an adult as a "tool" to get desires met?

BEHAVIOR:
1. Is there a lack of, or limited, imitation?
2. Does the child have low frustration tolerance? resist change?
3. Are frequent stereotypic or self-stimulatory behaviors evident?
4. Does the child show abnormal responses to sensations: such as insensitivity to pain, holding his/her hands over the ears, looking through objects, showing poor eye contact? seeking certain sensations?
5. Is child hyperactive or passive?
6. Does the child show fear of real danger?
7. Does the child show an inability to perform certain gross and fine motor activities; such as walking with a peculiar gait, limpness in fingers, or inability to hold an object appropriately?
8. Does the child show an uneven profile in motor skills?

When was the abnormal behavior first noticed?_____
Has this child been diagnosed before?_____ If so, what was the diagnosis?
_____
Diagnosed by_____ Where?_____
Is there evidence of seizuring or other medical problems?_____
Is the child on medication?____ If so, what?_____

Figure 2

Revised - Fall, 1981.

Some unexpected outcomes became apparent during the first year of the project. The team had not expected the number of requests for inservices that was received; the pay-off in referrals was evident. Furthermore, the coordination of recommendations between the autism resource team and the local support staff was highly effective in particular referrals. For instance, with one child the teacher requested further consultation regarding major changes in teacher approach. Finally, as the year progressed, it became evident that none of the children who were referred for outreach services could be considered "classically autistic." Each of these nine, however, showed autistic tendencies or severe behavior disabilities. In some cases it was necessary to explain to associated staff and/or parents that special behavioral patterns were apparent, and benefit could result from unique intervention. This pattern in disability was also confirmed by the project's consultants at the Minneapolis Autism Center.

1981-1982

Goals for the second year of the AEA Autism Project remained essentially the same. As stated before, emphasis was now being placed upon educating area professionals about autism and the identification of and consultation on students in outlying school districts. Added to the original objectives were those which dealt with assessing the need for additional classroom(s) and developing a report for possible publication regarding this model rural service delivery system for children with autism.

In order to expand the center-based program, it was expected that additional materials would be needed for instructional purposes for the anticipated wider range of children served by the classroom. In addition, an expansion in available diagnostic materials and occupational therapy supplies was also predicted.

Demonstration Classroom:

During the second year, the level of support services to the demonstration classroom was maintained, except that the certified O.T. assistant increased the amount of service time from one hour per day to two hours per day. The professional library of reference books and stimulus materials which were maintained in the classroom continued to be expanded. Because activities in the demonstration classroom were now emphasizing age-appropriate and functional curriculum, materials such as kitchen utensils, small appliances, etc., were purchased. Coordination of services between home and school was completed in the demonstration classroom by daily memos, monthly parent-staff meetings, two inservices on occupational therapy (sensory integration philosophy), phone and home visits, parent visits to the classroom, and regular parent-staff conferences. It was documented that 50 observers visited the demonstration classroom during the 1981-82 school year.

Outreach Services:

The outreach referral system was continued through information dissemination (inservice, etc.), use of project-specific questionnaires, on-site observations, and/or file reviews. Case presentation was then made to the autism project team for appropriateness of referral, as had been done in the prior year. Follow-up evaluation and consultation followed if appropriate. The autism resource team provided on-site diagnostic services to 16 children and prescriptive program recommendations to 11 children; this included the 3 children now being served in the demonstration classroom. Of the 13 students in the rural areas who received diagnostic/consultative services, 4 lived in residential settings, 4 had been referred by the Child Study Unit and were in classrooms for preschool handicapped, 1 was mildly disabled and was enrolled in a regular education program, and 3 were in classrooms for severely and profoundly handicapped. The family and LEA staff of one child received services in the home; all others were served in the school setting. Self-comparison videotapes on one preschooler were also made. Three students received on-site COTA services three times weekly.

The parent representative continued to provide support to six families of children with autism. She did this through documented phone calls, personal contact or the area Pilot Parents group. She advised families of outside support groups and kept them informed of area functions on autism. She also was interviewed on two radio programs and by a local newspaper. In addition, she initiated a literature and materials search on sexuality of autistic adolescents. Finally, she informed the team and other parents of the availability of summer camps.

It was determined early in the year that an inservice packet would be most helpful to the autism team in general. Any member of the team could then present on this topic to interested groups. The two coordinators of the project, the consultant for behavioral disorders and the speech-language clinician, therefore, developed such a packet. The inservice packet was developed in lieu of the publishable report that had previously been selected as a goal for the year. This packet included demonstration videotapes, basic information on autism, teaching strategies, a description of the project, and a reference/resource list. Various team members used the inservice packet to give presentations to eleven groups for a total of 142 participants. These groups included LEA, AEA, and medical personnel. Dependent upon the group receiving inservice, information pre- and post-tests or evaluation-opinion questionnaires were administered. Results are available from the DPI evaluator.

Continuing education of team members was provided through on-site observation in other agencies or attendance at related conferences, such as the National Occupational Therapy Convention and the National Language Intervention Conference. Some visited the autism program at our consultants' location at the Minneapolis Children's Health Center. Three team members attended the NSAC (National Society for Autistic Children) Conference in July of 1982. A tour of the Madison Special Education Program (Wisconsin) was planned for the following fall.

Some unexpected benefits resulted from the year's project. First was the inservice packet which already has been mentioned. It provided pertinent information to any team member asked to present, and permitted flexibility appropriate to a particular group of participants. Three-year videotape case studies were developed for each of the students in the model classroom. These case studies were used with the inservice packet, with the parent group, and for evaluation of teaching effectiveness. During the spring of 1982, the autism team met twice with Mason City school administration to discuss age-appropriate location of the demonstration classroom. As a result, the classroom was relocated from the elementary building to Roosevelt Middle School in Mason City. This move permitted even more emphasis upon age-appropriate and functional curriculum for the pre-adolescent with autism. It should be added that the need for additional classroom(s) for children with autism was not demonstrated during this second year of project funding.

The University of Northern Iowa and Buena Vista College were informed of the availability of the demonstration classroom as a practicum site. A senior psychology student from Central College of Pella spent a ten-week internship in the classroom and in observation of the autism team in other settings.

1982-1983

The final year of the AEA 2 Autism Project is now in progress. All prior objectives continue to be maintained with the exception of those previously discussed. Two additional goals have been added: (1) to develop a report for possible publication regarding this model rural service delivery system for autistic and autistic-like children and their families; and (2) to develop a delivery information resource packet for replication of services in other rural areas. In addition to the goals previously mentioned, it was decided by the autism resource team that activities this final year of funding would center upon provision of outreach consultative services to students outside the Mason City area.

During the 1982-83 academic year, consultative services have been provided to 14 students in AEA 2. Three of these students are in the demonstration classroom and have been served since the inception of the project, as have been four other children in outlying areas. Of the seven other students on the roster who have received direct consultative services, one was referred during the 1981-82 year; the other six were "new" referrals during the present year. At the present time, six of these children are at the preschool level, two are of elementary age, and the rest are in the pre-adolescent/adolescent age range. The primary diagnostic category for half of the children is behavioral disorders and the other half, mental disabilities. Four of these children live in residential settings. Direct support services from the autism team are provided to some of these children. Five are seen on a regular basis by the speech and language clinician; seven are seen regularly by the certified O.T. assistant.

As has been stated, the demonstration classroom is now located in a middle school setting which is appropriate for the age of the children presently being served (11-14). Home living skills, peer integration, and community involvement are presently being emphasized. For instance, the students visit in the home of a staff member once a week and leisure skills, cooking, and house cleaning activities are promoted. By its nature, this also promotes transfer of learned skills into a natural home setting. Each student goes to the lunchroom every noon with a non-autistic peer. The students are also integrated into industrial arts and home economic classes, when appropriate. Two of the students work daily in the lunchroom, either sorting silverware or cleaning the lunchroom tables. To promote community involvement, one of the students does cleaning or bulletin-folding work at a nearby church setting. The classroom aide and team social worker also visit this student's home regularly to promote independent living skills, such as going to the store for groceries. Thirty-seven observers have visited the classroom thus far this year.

The inservice activity portion of the project has continued during the present 1982-83 year. A total of approximately 125 people in nine different settings have been presented information on autism. This included a visitation in November by the project's consultants from Minneapolis, Lyle Chastain and Sheila Merzer. Besides providing consultation on the classroom students and to two "outreach" children, Merzer and Chastain also provided an inservice training session for the middle school staff and an evening presentation to 20 people from the community. To aid the team members in developing functional, age-appropriate curriculum for students served by the project, four team members traveled to Madison, Wisconsin, and met with administrators from the school system and Dr. Anne Donnellan, Assistant Professor of Behavior Disorders from the university. To further promote education about issues with severely disabled adolescents, a two-day conference on this topic is planned for mid-April. Presentors will include: Dr. Donnellan; Dr. Ron Anderson from the Department of Special Education at the University of Northern Iowa; and parent advocates, Nicole Raaz and the autism team parent representative.

A replication packet, with the major goal of providing information on autism and programming recommendations for a rural setting, is presently being developed by the AEA 2 autism resource team. Included in this packet will be basic information on the disability of autism, suggestions for evaluation and behavior management, programming and curriculum ideas, discussion on parenting, and provision of miscellaneous resources. This packet will be written for the reader who has little, if any, prior knowledge about autism. Hopefully, it will be a compilation of the expertise that has been developed by the autism team during the past three years. The packet will be titled Autism Information Directory (AID).

WHEN SPECIAL FUNDING HAS ENDED

The question of long-term effects of the project is now at hand. The AEA 2 special education director and the autism resource team have prioritized a variety of activities that might provide continued services, even though the funding is no longer available. It has been recommended by the project staff that direct services by support staff should be a primary consideration. The certified O.T. assistant and the speech and language clinician will continue to provide direct services to the three students in the autism classroom, and those in the outlying areas at approximately .8 of the present level. The autism team will continue to be available to the instructional staff of the classroom for consultative services. The summer program that has been provided to the autism classroom by the project funds will have to be taken over by the local school system, if such a program is going to be made available. Conferences regarding this issue have been slated for the future.

Area Education Agency 2 administration has confirmed that ongoing consultation to "outreach" children will continue after the project funding has ended. This will require a provision for staff assignment time for these services.

The professional library of books and accumulated materials is presently centered at the middle school setting in the demonstration classroom. This will continue to be located in the same place. The classroom teacher has stated that she will monitor the loaning system for future use of these materials in other educational settings. Some of these materials include professional books, videotape recording equipment, occupational therapy supplies, clinical speech and language materials, and a variety of audio-visual equipment.

It has been suggested by the autism team that the parent representative position be maintained in some manner, perhaps as a representative for parents in the area as a whole--regardless of the disability category. She has developed expertise in locating available resources for other parents, in providing information on a variety of disabilities, in serving as a parent advocate at staffings, and as an information receiver from families. The feasibility of such a position being developed is presently being considered by AEA administration.

The team is very hopeful that the replication packet will be beneficial to those in the position of having to gain information on autism, or to those who have a general curiosity about the disability. The team will include only that material which it knows to be true and workable. The beliefs and philosophies that we have developed in looking at these special children will naturally be an important part of the packet. It will be available in all AEA support service offices, at the AEA 2 central office, in offices of pediatricians and family practice physicians, at public libraries, and in other accessible locations. It is expected that this particular resource will provide an inclusive statement about children with autism and how best to deal with them.

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PROJECT OUTREACH

THE AUTISM SERVICE CENTER: A RURAL DELIVERY MODEL

1980-1983

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NEED

Prior to the notification of special funds available for the development of educational programs for autistic children, Arrowhead Area Education Agency (AEA 5) had become increasingly aware of special education needs of autistic children. Approximately nine students with severe communication and behavior disorders manifested during early childhood had been identified within the geographical area of AEA 5. These children's educational placements ranged from out-of-area institutions to self-contained classrooms for the mentally or emotionally disabled. Educational programming tended to be modeled after curriculums for severely and profoundly retarded students. The emphases of most individual education plans were preacademic, self-care, and prevocational skills. Intervention for behavioral and speech/language manifestations of autism was reactionary in nature, with minimal systematic effort to develop short- and long-term goals in these areas. No services were extended to parents beyond involvement in the basic special education process as defined by Public Law 94-142 and occasional referral for individualized services such as school social work. Assessment procedures varied among staff members, and children suspected of autism were referred to psychiatric facilities for diagnosis. Instructional and support staffs assigned to autistic children possessed diverse levels of knowledge.

A Needs Assessment Instrument administered to the AEA 5 special education staff identified need for professional inservice education in the etiology, definition, and characteristics of autism. Educational needs and intervention strategies were also an area in need of inservice education. Educational programs specifically designed for autistic children needed to be developed and staffed. Procedures for evaluating the effectiveness of programs needed to be developed and implemented. And, finally, there was the basic need to develop a delivery system which would be practical, efficient, and effective in a rural area.

GOALS

These needs were translated into the following goals:

1. Development of inservice modules for professionals and parents in the subject areas of etiology, characteristics, and definition of autism; diagnostic assessment procedures; administration of autism programs; behavioral intervention; speech/language intervention; and services to parents of autistic children.

2. Development of diagnostic and consultation services for differential diagnosis of autism and educational programming for identified autistic students.

3. Development of an instructional program in a self-contained classroom for autistic children inadequately served in existing programs.

STRUCTURE

The structure of the AEA 5 Autism Project was formulated in response to major goals for professional and parent education, consultation with instructional and support staff, and diagnostic and placement services to children. A core team was organized, drawing upon the knowledge and skills of two school psychologists, a speech and language clinician, an academic consultant, and a school social worker. The special education nurse and physical therapist were auxiliary team members who provided consultation in specialized areas. Representatives of each discipline were selected on the basis of common experience and theoretical orientation toward autism. (In retrospect, this selection of team members was a significant factor in the development of the project, as theoretical and procedural conflicts were minimal.) The Autism Project benefited from the guidance of an Advisory Board representing the medical community, local area education agencies, the Special Education Department of Buena Vista College, the Department of Social Services, the Iowa Society for Autistic Children, the legal community, and the administration of AEA 5. This Board assisted in establishing and clarifying project responsibilities and establishing a linkage between the community and educational system.

Project staff first functioned as a research staff in reviewing all professional literature published about autism. Copies of all articles published from 1973-1980 were obtained, reviewed, and catalogued for future reference by parents and educators. The information from these articles, as well as other sources, was organized into categories for inclusion into eight inservice modules for parents and professionals. Modules consist of mini-lectures, films, activities, and handouts which were developed for presentation to interested groups.

The AEA 5 Autism Project was structured to meet instructional needs at two levels: (1) establishment of a self-contained classroom for autistic children whose symptomatology precluded placement in other programs, and (2) consultation regarding educational intervention for autistic students appropriately placed in existing programs. Support services for both levels were provided by the multidisciplinary project staff. The classroom was staffed with a certified teacher for behaviorally disordered students and an aide who received extensive on-the-job and inservice training by the project staff. Two half-time aides were employed and trained to systematically observe and record targeted behaviors. A functional curriculum approach was developed, individualizing each student's program in the areas of academic, self-care, vocational, recreational, family living, and domestic skills. Support services were provided in a weekly child-study team format to review each student's progress and update educational goals and

procedures. Direct services were provided by the speech and language clinician and program psychologist. The project research psychologist monitored data and made program recommendations based upon individual student progress.

Consultation was provided to autistic children in other special education programs in response to specific formal requests. Consultation was provided by the project staff and addressed the areas of concern of staff members assigned to the student. Direct services were not provided, but rather recommendations for program or curriculum change.

Diagnostic services were structured so that the project staff could serve as a mobile team to evaluate possible autistic children referred for educational assessments. Diagnostic procedures were implemented in the home school and communities of the children. Differential diagnosis was guided by utilization of the National Society for Autistic Children's Definition of Autism. A multidisciplinary evaluation was conducted, utilizing standardized instruments, interview, and observation. At the conclusion of evaluations, diagnostic staffings were conducted with the referring sources and parents to determine educational diagnosis of autistic or non-autistic and to make placement and program recommendations if the child was considered autistic or autistic-like.

The final structure of the autism project addressed needs of parents of autistic children. Regular parent education and support groups were established by the project staff to address the educational needs of the autistic child, the parents' knowledge and understanding of autism, and emotional support for the parents and family.

ACCOMPLISHMENTS

The Autism Team authored eight multi-media modules designed for inservice training of special and regular educators, administrators, parents, and paraprofessionals. Modules are complete with written lectures, handouts, transparencies, films, and suggested activities. The following subject areas are addressed.

Orientation to Autism

This module provides a basic orientation to the developmental disability of autism. It was designed to be presented as a single inservice or as the first in a series of inservices, and can be presented to special and regular educators. This module includes the history and etiology of autism, the National Society of Autistic Children's definition, and a discussion of each diagnostic criterion. It is 90 minutes in length.

Assessment and Decision-Making

This module is a 90-minute inservice designed for special education staff members interested in developing an autism assessment team. Brief discussions concerning how to assess autistic children and adapt testing procedures are provided for the following areas: Psychology, Speech/Language, Social Work, and Academics. The need and the techniques used to make a differential diagnosis of autism are also included in this module.

Language: Program Planning

This module is a 90-minute inservice designed for speech/language clinicians. The content includes a discussion of assessing autistic children and how assessment information assists in program planning. Various communication systems are looked at and decisions concerning these systems for a given child are discussed. Special considerations for writing language objectives are also included.

Language: Strategies and Techniques

This second language module includes basic training in behavior modification and the use of a discrete trial format. The second half of the inservice is devoted to techniques that can be used when working with an autistic child in language therapy. A variety of language areas as well as a variety of techniques are discussed.

Behavior Management I

Behavior Management I is designed to be the first in a series of two inservices on treating the behavior of autistic children. This module covers considerations in selection and application of behavior management techniques in the classroom.

Behavior Management II

This second behavior management module is designed to be presented only to those audiences who have participated in the Behavior Management I inservice. A discussion of possible behavioral concerns with autistic children is included. The management of aggressive and self-stimulatory behaviors is discussed in detail. Intervention techniques as determined from a review of the literature are presented. The participants need to have a background in behavioral theory and practice.

Working With Families

Working with Families is a three-section inservice for educators working with parents of autistic children. The first section discusses issues of parenting a handicapped child which may be addressed in a

support group format. The second section addresses parent education in understanding the impact of autism upon the child. The third section addresses parent training formats for teaching parents to manage disruptive behaviors in the home environment.

Administration

The administration module briefly describes the structure of the procedures for evaluation and education of autistic children which is employed in AEA 5. It is intended as an inservice for administrators to familiarize them with rationales for establishing professional teams specially assigned to the provision of services to autistic children and with the steps taken within AEA 5 to form such a team.

Over the past three years the Orientation to Autism Module was presented eight times to groups of teachers and other professionals. After each inservice presentation, the audience was asked to complete a five-item evaluation of the inservice. The areas rated included: relevancy of the material, respondent's interest in the topic, respondent's involvement in the service, facilitator's effectiveness, and the overall inservice. Rating choices included: very high, high, average, low and very low.

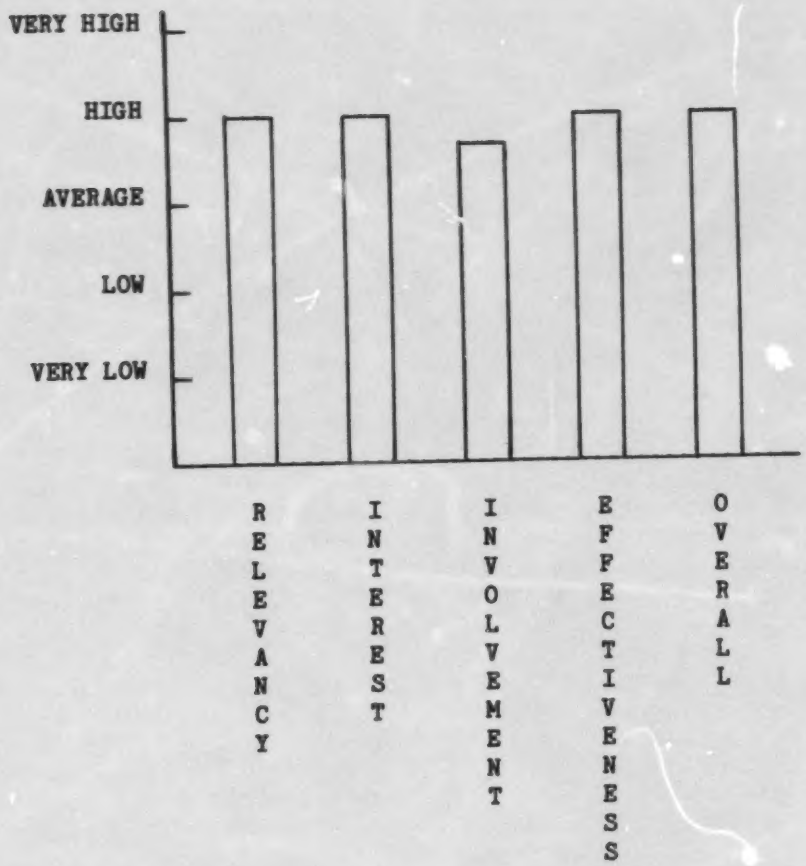
Figure 1 shows the mean for all responses to all items for each of the inservice presentations. While some presentations resulted in evaluations which were only average, the majority were seen by the respondents as being deserving of high ratings.

Figure 2 displays the mean of all ratings for each item. It is clear that the respondents were sufficiently pleased to give high ratings for four of the items. The item which approaches an average rating reflects the need to include more audience activities in the Orientation to Autism Module.

Results of the evaluations suggest that the Orientation to Autism Module is at least an adequate tool for use in presenting basic information about autism to education professionals. The other inservice programs prepared by the Outreach Team have not been sufficiently evaluated because of the low rate of requests for their presentation. Besides the eight occasions on which the Orientation to Autism Module was presented, the Outreach Team gave only four other presentations in the three years and one of these was at a national conference.

Diagnostic and Consultation Services

The Outreach Clinic provided comprehensive evaluations of autistic-like children who were referred for evaluation of suspected autism by local special education teams. Treatment consultation with educators and parents was provided if a child was diagnosed as autistic. Evaluations were conducted at the child's school and home by the program


VERY HIGH
HIGH
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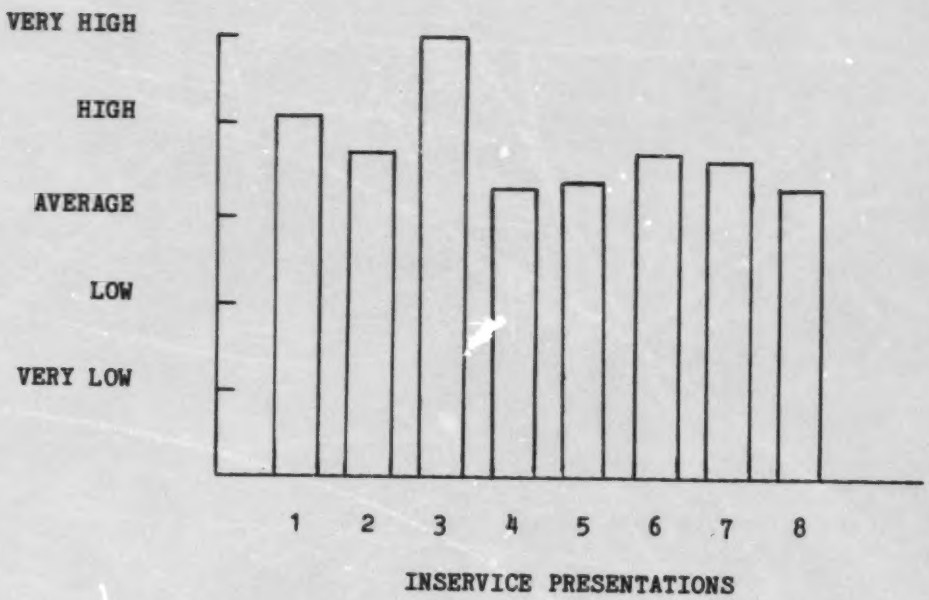
VERY LOW
RELEVANCY
INTEREST
INVOLVEMENT
EFFECTIVENESS
OVERALL

Figure 1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INSERVICE PRESENTATIONS

Figure 2

psychologist, speech/language clinician, school social worker, and special education consultant, all of whom were members of the Autism Team.

The Outreach Clinic began receiving referrals for evaluation in 1980. Thirteen children were evaluated--four females and nine males. Four children were evaluated during 1980-81, four during 1981-82, and five during 1982-83. All children were enrolled in special education programs at the time of the referral to the Outreach Clinic. When they were referred, three were in Behavioral Disorders classrooms, five were in Preschool Handicapped classrooms, two were in Severe/Profound classrooms, and three were in Resource Room programs. The children ranged in age from three years to fourteen years.

Of the 13 children, six were staffed into the Autism classroom. Four of them came from Preschool Handicapped classrooms and two from Behavioral Disorders classrooms. Five of these six children were diagnosed autistic, and one was diagnosed autistic-like. The autistic-like child was staffed out of the Autism classroom after one year of programming and staffed into a Mental Disability-Educable room for the 1982-83 school year.

One child, referred primarily for behavioral and programming consultation, had a previous diagnosis of autism with which the Outreach Clinic staff concurred. He remained in a Behavioral Disorders classroom. Consultation was provided to the local school staff and special education team assigned to that building.

The remaining six children who were evaluated continued in special education programs. Only one of the seven children changed programs. This child was enrolled in the Autism classroom for a six-week diagnostic placement. After this diagnostic placement, he was staffed into a Mental Disability-Trainable classroom, rather than back into a Severe/Profound classroom.

Instructional Program

A classroom for autistic children was established in the fall of 1981, the second year of the project. The Project Outreach classroom is a self-contained classroom under the guidelines for Behavioral Disorders. Children are weighted 3.8 for funding purposes. Five student positions are planned for in the classroom, which is staffed with a teacher and one teacher aide. The classroom is located in a regular elementary school building of the Fort Dodge school district. In preparation for the classroom, a functional curriculum was outlined. The classroom was designed to offer either functional and/or academic curriculums, depending upon the levels and needs of individual students.

The functional curriculum had four major domains. These domains were: Self-Help, Recreation/Leisure, Community Mobility, and Prevocational/Vocational. Each domain followed a developmental sequence and included needed skills in the areas of motor, social, language, and behavior. A task analysis and environmental inventory was completed before a given activity was implemented.

The academic curriculum used was the same as one used by the Fort Dodge school system. Deviations from that curriculum were designed according to individual student needs.

A total of seven children have been enrolled in the classroom since the beginning of the project. Four students have been continuously enrolled, with the fifth position reserved for diagnostic placement for purposes of evaluation and program consultation. Students have ranged in age from four to twelve years. Their school day began at 8:30 a.m. One student left school at 1:00 p.m.; two students left at 2:30 p.m.; and the other student left at 3:15 p.m. All of the students were integrated for three recesses. Lunchroom integration was successful for two students, while the other students continued to receive classroom training for self-feeding skills during lunch. One student was integrated into a regular first grade for reading and library as well.

The classroom received regular support services from four special education staff members. These members were: a school psychologist, speech/language clinician, social worker, and special education consultant. Other available support services included a physical therapist, special education nurse, and audiologist.

The school psychologist was in the classroom one to two hours weekly for student observation and teacher consultation. The speech/language clinician provided six to seven hours of direct therapy to the students and teacher consultation each week. Evening parent groups were conducted by the school social worker as well as weekly teacher consultation. Weekly teacher consultation and bimonthly classroom observation was provided by the special education consultant. The special education support staff, classroom teacher, and teacher aide met for an hour each week as a team in a child-study format. Student progress, program modifications, and any procedural problems were discussed at this time.

Two observers were employed for the classroom. They spent five half-days in the classroom to collect data on targeted behaviors of each student. This data was used to plan programs, demonstrate progress, and refine student objectives.

The classroom was also available as a training site for student teachers. During the 1982-83 school year, a student from Buena Vista College completed her nine-week student teaching requirement in the classroom.

In 1982, a Peers for Autistics Lacking in Social Skills (P.A.L.S.S.) Program was implemented. In the P.A.L.S.S. Program, interested regular education students were assigned to a particular autistic student for a specific social activity. The benefits to the autistic child were improvement in age-appropriate social leisure skills, and a more normalized mainstreaming experience. The regular education student was given a modified career education opportunity and an opportunity to enhance his/her self-concept.

FUTURE DIRECTIONS

The spring of 1983 signals the end of a three-year long specially-funded project. Special funding ends, but the services for children identified as autistic will need to continue; thus, the development of services and programs for autistic students will continue through the efforts of the Autism Team and the Arrowhead Area Education Agency.

In order to provide the level of services which have been provided during the past three years, continued classroom and diagnostic/consultation services are planned. A self-contained classroom for preschool and elementary-aged children will be provided for children who have been identified as autistic and whose autistic characteristics significantly interfere with school adjustment and academic progress. The classroom will remain staffed by one certified instructor for behaviorally disordered students and one classroom aide. It should be noted that children who have been identified as autistic since the beginning of the autism project have ranged in age from three to seven. It is presently anticipated that all of these children will continue to need programming within the autism classroom throughout their elementary-level school experience. At this time partial integration into a regular education classroom for one student is appropriate and appears to be successful. It is anticipated that this student's integration will continue and possibly be expanded.

The classroom itself will continue to emphasize a highly structured approach to dealing with each of the student's unique needs. Emphasis in programming will continue to include basic skills in the areas of: domestic living, community mobility, recreation/leisure, speech/language, vocational, and appropriate classroom behavior (survival skills).

It is anticipated there will be a need for both an elementary and a secondary program within the next five to ten years. This need will arise as our currently identified children reach secondary programming level ages. The need for a continued self-contained classroom for preschool and elementary-aged children is evident in the current number of students in the classroom as well as the number of this age level children who have been referred for services throughout the year.

In order to provide for a central location as well as mainstreaming opportunities, the classroom will continue to be located in an elementary school building within the Fort Dodge community.

The challenges presented by the characteristics of children whose autistic tendencies greatly interfere with school academics, social and behavioral adjustment demand much from those who provide services to them. In this effort a full complement of disciplines is certainly most advantageous. In order to address each child's needs, a discipline member who possesses knowledge specific to autism should serve on a specifically assigned "Autism Team." This multidisciplinary team should include: one speech and language clinician, one program psychologist, one academic consultant (supervisor), and one school social worker (coordinator). It

should be noted that with the end of the project grant, the research psychologist will no longer be a member of the Autism Team once grant responsibilities have been fulfilled. The multidisciplinary team will continue to meet weekly as a child-study team for classroom support. In addition, this team will also continue to be involved in the general referral and consultation process. Each discipline will be responsible for specific areas in regard to the programming needs of the child-study team. The speech/language clinician and program psychologist are two integral members of this team. The speech clinician will continue to provide regular direct group and individual speech services to the classroom students. The program psychologist will continue to provide specific behavioral programming for the classroom staff to implement. The school social worker will continue parent education and support services in both individual and group formats.

Diagnostic services will continue to be made available by the Autism Team staff in response to specific referrals from local schools or other special education staff. Consultation services will continue to be available to parents, local school or special education staff regarding autistic or autistic-like children served in other programs. Because of these responsibilities, the Autism Team will continue to be a major component of services to autistic children in our area. The roles and responsibilities of team members are designed as outlined below.

A. Project Staff

1.0 A program school psychologist

2.0 A school social worker

3.0 A supervising special education consultant

4.0 A speech clinician

5.0 The special class teacher for the center-based program

6.0 A center-based instructional aide

The roles of these team members are:

1.0 The program school psychologist (Time commitment 10% - 3.7 hours)

- 1.1 Evaluate and diagnose all students enrolled in the center-based special class.
- 1.2 Participate as a member of the Outreach Clinic Team in evaluation of students and providing consultation with school and support staff.
- 1.3 Provide training and education for parents.
- 1.4 Assist in establishing program goals for students.
- 1.5 Provide support services and consultation to the center-based special class teacher and aide.

1.6 Compile and analyze all statistical data for students from home and educational settings.
1.7 Develop and implement experimental designs for data collection in the home and school.

2.0 School social worker (Time commitment 10% - 3.7 hours)

2.1 Complete developmental histories for all students.
2.2 Assess current family functioning.
2.3 Participate as a member of the Outreach Clinic Team in evaluation of students and providing consultation with school and support staff.
2.4 Provide training and education for parents.
2.5 Assess social functioning of students.
2.6 Coordinate service to the home and school/home programming.
2.7 Provide therapeutic services as needed.

3.0 Supervising special education consultant
(Time commitment 10% - 3.7 hours)

3.1 Provide educational programming consultation to the special class teacher.
3.2 Provide training and education for parents.
3.3 Directly supervise the center-based special class instructional staff (if employed by AEA 5).
3.4 Assist in student evaluation and data collection.
3.5 Participate as a member of the Outreach Clinic Team in evaluation of students and providing consultation with school and support staff.

4.0 Speech clinician (Time commitment 25% - 9.5 hours)

4.1 Evaluate and diagnose the functional language level of all students.
4.2 Provide direct individual and group language therapy to students enrolled in the special class program.
4.3 Provide consultation and support to the special class teacher.
4.4 Provide parent training and education in language-related areas.
4.5 Participate as a member of the Outreach Clinic Team in evaluation of students and providing consultation with school and support staff.

5.0 Center-based special class teacher
(Time commitment 100% - 37.5 hours)

5.1 Provide direct instructional services to students enrolled in the special class.
5.2 Complete informal evaluations of all students enrolled in the special class.

6.0 Center-based instructional aide
(Time commitment 100% - 37.5 hours)

6.1 Assist in delivery of direct instructional services to students enrolled in special class.
6.2 Assist in data collection of targeted goals.

In summary, it is the conclusion of Project staff, in consultation with the administration of AEA 5, that this project has successfully documented the needs of autistic children and demonstrated that needs can be adequately provided within the public school system of a rural area. Creativity, flexibility, commitment, knowledgeable staff, and a supportive administration are the critical components of success.

LOESS HILLS AEA 13

AUTISM PROJECT

1980-1983

Submitted by

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THE NEED FOR AUTISM PROGRAM IN AEA 13

An awareness of a need to complement some areas of educational service deliveries in AEA 13 was heightened in 1979-80. This awareness was due to the increasing frequency of arising needs for pupils identified as autistic or autistic-like. The Area Education Agency appointed a working Autism Task Force consisting of various professionals within the agency to study the situation. This task force included an assistant director of special education, a supervisor of speech and language, a supervisor of an educational diagnostic center, two psychologists, a consultant on preschool programs, a consultant on severe and profound handicaps, a teacher, a social worker, and a supervisor of emotional disabilities and chronically disruptive handicaps.

There was a low incidence of pupils, the study reported, identified as autistic or autistic-like in AEA 13, but the concern manifested itself that even with a low incidence, appropriate programming should be available. The area served by the agency included a population in excess of 35,000 school-age pupils. Due to the rural nature of the Loess Hills AEA and the low incidence of pupils referred as autistic, a model project was felt to be needed that would meet the specific needs and objectives of these unique individuals, even though they made up a small percentage of the school-age population.

In addition, the special education area of autism received emphasis in professional literature and at policy-making levels. An example of this was in a joint Senate/House resolution which was signed in Iowa in 1979. Among the points made in the resolution were:

1. Local educational agencies and area agencies were to insure that all autistic and autistic-like children were properly identified.

2. The Department of Public Instruction, with the cooperation of LEAs and AEAs, was to implement procedures to determine the specialized educational needs of this population.

3. The Department of Public Instruction was to promulgate additional administrative rules as necessary to provide appropriate educational programs and services for these children.

4. The area education agencies and local education agencies, in cooperation with the Department of Public Instruction, were to implement necessary educational programs and services to appropriately meet the needs of these pupils.

The definition of autism (1977), as was adopted by the Board of Directors of the National Society for Autistic Children, specified a number of behavioral and communication characteristics which described such children. An incidence figure of 4-5 per 10,000 children per 10,000 births applies to autism. With a student population in excess of 35,000 within the AEA 13 region, it could have been expected that approximately

18 children with autism would reside within the region. At this time in 1979-80, the records indicated that only 5-7 such pupils had been identified. This was approximately 1/3 of the total projected population.

While there was also a perceived need to locate and assess the appropriateness of current programs for autistic pupils within AEA 13, there was a perceived need to inservice regular and special educators regarding the needs of such pupils.

Wolthius (1980) surveyed the perceived needs of teachers of such pupils and concluded that the following competencies were most important with such students:

1. The ability to constructively manage the bizarre, aggressive, and self-abusive behavior of these students.

2. The ability to develop and implement fair, reasonable, firm, and consistent behavior limits while maintaining an understanding and supportive relationship with pupils.

3. The ability to teach and maintain attention and on-task behaviors.

4. The ability to provide a warm, understanding, and supportive relationship with autistic students and their parents while at the same time promoting their independence.

5. The ability to task analyze.

6. The ability to use a variety of methods to motivate pupils.

7. Knowledge of, and ability to apply behavior modification techniques which promote and motivate appropriate behavior in autistic pupils.

Since these major competencies were needed and there were no current training programs within the state, a difficult and arduous task confronted the local educational agencies and the area education agency to meet the legislative joint resolution. The needs of the autistic pupil were many and with no known cure; the educational programs were viewed by the parents as the only available method of helping their children.

The figures available at that time indicated the vast majority of those pupils would become residents in state institutions. The opinion was held at this time that it was unrealistic to think that pupils with the needs of the autistic/autistic-like could be served in specialized classes because of the rural nature of this area of Iowa and the low incidence. The educational aspect of the autistic pupil lay in the word "appropriate." The development of an appropriate program called for the cooperation of all people involved in the child's educational program. As a result, a model project needed to be developed that would attempt to address the concerns of the Legislative resolution and the needs of such identified children within the area of the resolution and the needs of the

children within AEA 13. These conclusions resulted in the establishment of a model delivery system for Autism in the Shelby Community Schools, Shelby, Iowa.

STRUCTURE OF THE AUTISM PROJECT

Despite the rural nature of the Loess Hills Area Education Agency 13 service area and the low incidence of pupils identified as autistic, a model project was considered that would meet specific goals and objectives as related to the needs of autistic and autistic-like individuals. The Area Education Agency then established a planned working Autism Task Force consisting of professionals assigned to the area and planned to operate a classroom for identified preschool autistic children during the 1980-81 school year.

With this in-depth review and consideration of area needs, a nucleus beginning program and project was planned to embark upon the following courses:

1. Through a specialized consultant on autism, the project was to establish a definite procedure to be used in the screening and evaluation of suspected autistic children and develop and recommend testing instruments and evaluation procedures to be utilized.

2. Upon establishment of such procedures, a complete diagnosis of suspected students within the AEA 13 region would be completed and a finalized list of those identified students within the area would be compiled.

Once the students had been identified and evaluated, the project was to begin to evaluate the then current educational placement of each student and to establish the specific training needs of the local education staff involved in conjunction with the area support personnel. Specific data collection was to be utilized to review prevalent teaching models and various support personnel that were currently involved with such children.

The project was to concentrate upon developing exemplary delivery systems through the current and/or adjusted special education program for all identified autistic children and contrast these systems to the self-contained model of the established preschool class. The consultant, in conjunciton with the clinical speech department, would compare the use of a speech clinician working directly with students versus serving as a consultant to the teacher.

Over the three-year cycle, the project's major thrust would be to develop appropriate materials and teaching techniques and curriculum to meet the individual needs and to provide direct inservice to the local educational agency staff and parents so that within the three-year period

there would be an established comprehensive long-term plan for each individual and there would be in place trained individuals to continue the appropriate educational instruction.

The project, in conjunction with the local Autism Committee, would continue to establish relationships with other agencies and training institutions and to conduct appropriate inservices for the AEA staff, local education agency staff, parents and other professionals. It was felt that over a three-year cycle, one highly trained individual with support of the Autism Committee could meet the stated objectives and that after the project's three-year completion, locally trained individuals and informed parents would continue to carry on the comprehensive educational program for each student.

Through the Autism Committee and the specialized consultant, who had training and experience in dealing with autistic individuals and who could relate to educational staff directly serving the identified students, it was felt the following project structures could be built:

1. The consultant would serve as a control or central hub of the project with various committee members assisting in specifically assigned areas.

2. The consultant would serve as a teacher/coordinator/social worker/researcher and facilitator to all identified autistic children and parents. The position would be viewed as the resident expert in the field of autism and serve as the consultant to the educational staff serving identified children. The projected preschool class would be directly served by this consultant in conjunction with the preschool consultant.

It was assumed that major changes can be accomplished by designation of one individual for this assignment. The project's goal was to develop comprehensive plans for autistic children who were currently in various models of special education and contrast the approaches to that of the current self-contained preschool model.

The first year of the proposed project was to accomplish the following activities:

1. A part of the structure was to review current literature and procedures being used and recommend to the AEA a screening and evaluation technique. By September of 1980, this process was to be in place and a current list of identified and/or suspected autistic children were ruled out or in as compared to the established guidelines. The classroom aide was to be involved in behavior counting and recording of basic information about each child and establishing the necessary data basis for comparison.

2. Each identified child's educational program was to be charted with current support services provided and surveys

taken of what parents and the educational staff felt needed to be established. This basic data collection of who, what, and educational model was used as the baseline data for comparison of programs.

3. The consultant was to be involved in any new referrals of students throughout the year and the training of the local evaluation team in using the evaluation process established.

4. Utilizing the autism committee in conjunction with the local teaching and support staff, inservices were to be held in dealing with the identified population.

   a. Through the use of national experts, the fall inservices were to concentrate on major characteristics and current knowledge about autistic children. The project would provide substitute pay for the local education staff to assure their attendance at this inservice. Following this major inservice for teachers, support staff and parents, the consultant would begin direct training of the people involved with each identified student. By January of 1981, a parent group would have been formed, as interest and need dictated. This group would have formed and discussed parent needs and assisted in providing direct training for in-home intervention, if such training were warranted.

   b. The spring inservices were to concentrate on teaching strategies for autistic children and were to serve as the first stage in the decision process for establishing the comprehensive plan for each student.

5. By the end of the first year, a recommended program was to be in place with specific on-going training for the local staff involved.

The first year was to have produced an evaluation technique, a current list of identified children, established a parent's group and provided two major inservices for all staff and parents involved. It was to have reached a decision as to a teaching approach and was to have had the necessary support services in place for the 1981-82 school year. A detailed analysis of comparison of various models of special eduation was to have been compared to the self-contained class of preschool children.

The second year of the project was viewed as the most critical in refining and field testing the developed educational program and auxillary services for the student. Major efforts were to be made to involve colleges and universities and other state agencies in the programming and the development of a long-range comprehensive plan for the total treatment of the children.

The fall of 1981 inservice was to explore vocational and long-range needs of autistic children and, in conjunction with the autism committee, begin to develop these necessary support systems within the existing community resources. Throughout the fall of 1981, the consultant was to be working directly with the local staff in analyzing the treatment format and contrasting the different programs to the preschool self-contained class. The consultant was to begin inservice in those vocational agencies that are working with the identified students.

The spring inservices were to center on specific medical needs and current research on autism. The purpose of this inservice was to provide information about what is happening nationally and internationally regarding the medical and research aspects of the disorder of Autism. Another aspect of the inservice was to be that of controlling aggressive behavior of older children within the home and educational setting. The consultant was to follow up the inservices with specific training regarding each identified child and the staff dealing with that child.

The parents group was to be provided specific information about existing program options and resources available for short-term respite use and were to begin to explore long-range planning for their children.

At the conclusion of the second year the basic outline of the proposed five-year comprehensive plan was to be in place. Another year of data collection was to be available for comparison.

The third year of the project was to be devoted to establishment of the comprehensive plan for each identified child and the projected needs of the children. The fall of 1982 inservice was to center on life care planning for the parents and community to meet the needs of these individuals for the future. By the spring of 1983, the comprehensive plan was to be in full force and local staff was to have the working knowledge to complete the long-range plan. It was felt that by the spring of 1983, a detailed data analysis could have been made of comparisons of various special education programs utlized. The finished data was to be used to make recommendations to the state and the AEA as to methods in dealing with autistic children.

Internal provisions were to be made to have a constant product evaluation. This included parent and staff evaluation input on pre- and post-test models of various activities in addition to other formal evaluation instruments.

GOALS OF THE FIRST YEAR (1980-1981)

Goal #1: Evaluate all suspected or identified children with autism.

Objectives:

1. Compile list of all suspected or identified autistic children in the area.

2. Review literature in regards to current evaluation methods and procedures.

3. Adopt procedures to be used in evaluating potential autistic students.

4. Administer the adopted procedure to all identified students.

5. After initial screening, take newly identified students on a referral basis.

6. Develop a case history on each identified child.

Goal #2: Program analysis for each child.

Objectives:

1. Chart the current and perceived support services for each child.

2. Survey LEA administrators, LEA teachers, and parents to determine inservice needs.

3. Note present program model for each student and how they were placed in that format.

4. Consider alternative models or programs to achieve more appropriate settings if necessary.

5. Develop comprehensive plan for each child based on comparison with self-contained preschool autism class.

Goal #3: Conduct major inservice programs on autism.

Objectives:

1. Utilize national experts for inservice presentations.

2. Hold first inservice in fall of 1980 to focus on what autism is and explore the current knowledge in the field.

3. Provide substitute pay for educational staff in the local school districts to attend.

4. Hold second inservice in spring of 1981 to compare and contrast educational strategies dealing with this group of children.

Goal #4: Establish parent group.

Objectives:

1. Use first inservice meeting as time for parents to be introduced.
2. Encourage them to form a group and meet regularly to discuss their needs and feelings concerning their children.

GOALS FOR THE SECOND YEAR (1981-82)

Goal #5: Evaluate all proposed teaching strategies and programs in the field.

Objectives:

1. Chart the developed auxiliary services for each student.
2. Compare the various educational settings with the self-contained autism class.
3. Analyze the teaching strategies used to determine effectiveness, pay particular attention to the child's age and educational setting.
4. Continue the development of the preschool autism class.
5. Consultant will confer with universities and agencies in aiding the development of appropriate program.
6. Employ part-time speech clinicians to serve preschool classes and develop model speech program services model.

Goal #6: Develop long-range comprehensive educational plans for each child.

Objectives:

1. Consultant will confer with agencies and universities that might be utilized in developing long-range comprehensive plans.
2. Plans for each child to be in place at the end of the second year.

Goal #7: Conduct major inservice programs on autism.

Objectives:

1. Fall of 1981 inservice shall look at the vocational and long-range needs of autistic children.

2. Draw comparisons of the various state services available.

3. Attempts will be made to involve local agencies directly to solicit their support for the students in our area.

4. Continuation of the parents group with emphasis on developing respite care services and long-range planning for their children.

5. Spring 1982 inservice will concentrate on specific medical research on autism, along with adolescent problems for the autistic. Presentations shall deal with controlling aggressive behavior, the problems of socialization, and the development of life care planning.

Goal #8: Detailed data anlysis of the project.

Objectives:

1. Contrast various placements of autistic children.

2. Have recommendations available as to what program model is best suited for autistic children.

3. Make recommendations to the state and the AEA as to best methods to deal with these students.

GOALS OF THE THIRD YEAR (1982-83)

Goal #9: Implement comprehensive plans for each child.

Objectives:

1. Local school staff, along with AEA support personnel, shall assume responsibility for carrying out proposed plans.

2. Continued inservice shall be made available to facilitate training of area and local school staffs.

Goal #10: Conduct major inservice program on autism.

Objectives:

1. Explore the topic of life care planning and the development of community resources for autistic children.

2. Continuation of parent group, with a need to look for alternatives to institutional care if possible.

3. Getting information, resources, and references for respite care arrangements in the area for parents of students.

ACCOMPLISHMENTS OF THE AUTISM PROJECT

The major and significant objectives and goals of the project as described previously in "Goals of the Project" were met with the exception of a comprehensive five-year plan. The plan was felt to be unrealistic in terms of changing technology and program sophistication.

The original thrust of the project in AEA 13 was of three primary components:

1. The project was to focus upon designing and activating a type of model delivery system through the then current or modified special education programs.

2. The project was to cause evolution of suitable and compatible materials, strategies, and curriculums to meet pupil needs in conjunction with parental and social service efforts.

3. This evolutionary educational process was to continue to operate and expand to offer a full continuum of services for the determined needs of autistic and autistic-like pupils in AEA 13. In addition, personnel associated with this process were to be trained and inserviced in such a manner that the project(s) could function independently after three years.

A global view of this model project would give the perception that these primary components have materialized and expanded much beyond these perimeters.

One of the reasons for this attained progress was due to the fact a consultant for the project was incorporated into the schematics of the activity. This allowed a closer orchestration of all emerging contributions of staff members and personnel as they made personal contributions to the program. Where there were elements of philosophy or efforts that were not malleable to the overall concepts, these were easily ironed out because of the immediate availability of a coordinator in the

form of a consultant. With the number of people that were involved in varying degrees with the projects, the probability of counterproductive industry was lessened considerably by the consultant's involvement. This was especially true where caretakers, school staff, AEA personnel and ancillary people were concerned, since a close coordination would have been very demanding, with consulting in their own behalf being, perhaps, a second best prioritized responsibility instead of a primary charge.

This availability of a consultant assigned to the responsibility of directing the elaborations of meeting pupil needs also allowed research into materials, services, and benefits accruable to the autistic pupil that otherwise might have been parsimonious. Medical advances, journalistic reports, private disclosings, laboratory findings and such avenues of knowledge would not have been pursued in-depth, likely, due to the demand of time such project obligations entail. In turn, the disseminaiton of knowledge to all supporters of the project may not have been as likely and overall efforts could have been somewhat stilted in an otherwise good manifestation of program outcomes by the lack of technical information.

The first year of the project saw the list of identified children having their needs seriously addressed by means of referrals, evaluations and program assignments suited to their particular handicapping deficits. Various models were considered and analyzed as to their educational merits in AEA 13. There were contacts with various colleges, state universities, private and social agencies in an attempt to solidify the beginning programs and to give ideas for long-range goals and program developments. From the contacts and results obtained, there was a constant refinement of knowledges incorporated into the total program.

At the same time of these first year activities, parents and caretakers were having inceptions of group organizations, such as parent meetings. Some of the major interests in parent efforts were to help them band together so they could be mutually supportive of each other and start formulating those long-range plans that severe handicaps pose for a family. In addition to the academic skills and adaptive elements that were set forth in the project program, vocational philosophies were espoused and converted into practical applications for the current and future needs. These vocational elements were designed for both the public school and post-public school time frames. The parent and professional teamwork was complemented by visiting special-type personnel who helped to bring a cohesiveness and stability to the good efforts then underway.

As the first year of the program came to a close, the supporting AEA staff members, public school, and social service personnel had bonded the project together so that the parents expressed confidence in it and the expected fears of episodity had diminished.

Upon entering the second year of the program, caretakers and parents were more expectant of the project offerings. There were more requests concerning services to the family, such as medical and specialized medical services, therapy, and counseling services. There was more personal long-range family programming by parents, such as trying to identify

alternative courses of action if they could no longer take care of the autistic pupil in case of a traumatic situation to themselves or the pupil. Questions of conservatorship, guardianship, social security, power of attorney, residential settings, adoption, foster homes, and a variety of related questions were investigated and acted upon by way of information dissemination.

Among the basic threads of planning the project was the putting in place of a five-year comprehensive plan. At the closing months of the second year, formal data collection, supportive personnel, and parental input dictated this was an overly ambitious plan. With the emergence and sophistication of technology and resource data coming upon the scene, wisdom indicated that the year-long planning for the pupils in the project in AEA 13 was most credible.

The third year of the project offered a refinement of inservice personnel who went into the classrooms of instruction to work with teachers and pupils. Many of the teachers had a need of expertise and techniques unique to their setting. They requested an inservice which could address this specific need. This was done to everyone's highest expectation and satisfaction. Concomitantly, life care plans were more fully developed with the added information available from out of the area sources.

A cursory investigation in 1982 revealed that there had been no recorded deliberate attempts in Iowa or four surrounding states to provide a program of physical education, music, and art for the autistic. An attempt was made by the consultant and various supportive personnel to make a rudimentary, educationally sound monograph guide for classroom use in these areas. The construction of these monographs was such as to point the teacher to illustrative principles and examples and encourage them to expand upon them.

The autism project in AEA 13, by mutual agreement and consent of LEAs involved, was properly prepared for local ownership in 1983-84 school year with no reticence on the part of assuming districts. This was in part due to the careful preparation, monitoring, and delivery of services that had taken place in the three-year time span, also with the reassurance that the same basic personnel would be available to undergird the LEA in their delivery of services.

ACTIVITIES TO BE CARRIED ON AFTER GRANT FUNDING TERMINATES

The period for grant funds as the mainstay of the autism project will be terminated at the end of the 1982-83 school year. The question of what can be expected by way of services to the autistic student must be answered. The answer is an affirmation that the programs now offered will continue to be offered without significant alteration. Some of the reasons, besides P.L. 94-142 legislation, are as follows.

From the initial efforts in programming for the autistic pupil to the present, programmatic activities were developed with many tempering factors. One of these factors was the assumption from the very start, the LEAs would assume ownership of the programs and that they would be able to function to meet the needs of the pupils in that district without signficant modification or stress.

This perception, along with careful program development, allowed the transfer of ownership to be accepted and done easily. Historically, as the programs developed, it was evident to LEAs that there was symmetry to the holistic "hands on" effort which resulted in pupil needs being met. It was a combined integration of: (a) determining practical curricular domains, (b) ascertaining the environment a pupil might function in, (c) selecting activities in each environment, (d) evaluating and selecting the skills needed to function in each environment, (e) inventorying the skills the pupil brought to the autism project, and (f) evaluating the discrepancy between the skills needed by the pupil and what skills the pupil had. Thus, a delivery of services could be brought about that was functional and appropriate for pupil needs.

It should also be stated here that optimum programming will continue not only because of the developed practical process of meeting curricular needs, but because much attention was spent in training LEA personnel to construct program offerings. In addition to the formal skills that certified teachers already possessed, several other skills were expanded. Examples of these skills are: (a) task analyzing in regard to curriculum, (b) functioning as a team member, (c) obtaining of appropriate curriculum materials, (d) data recording for student progress, and (e) behavior modification. From these efforts there was an additional spin-off of benefits directly impacting on the programs.

This spin-off was in the form of teacher aide training. Literature from other areas, such as in California, indicated that this "hands on" approach to LEA training caused more LEA acceptance of program ownership. What was sometimes overlooked was the fact that initially unknowledgeable classroom aides could be quickly trained in classroom technology by the certificated staff; usually these aides proved highly satisfactory in helping pupils meet their needs. Again, this is due to the availability of a systematized, logical, sequential process that takes away the "mystique and exotic" aura that sometimes prevails in the autism environment.

The parental involvement from the beginning of grant activities helped solidify a "partner" relationship. As parents met with AEA staff and LEA staff, the productive working relationship that now exists matured rapidly. There was a general meeting of parental and pupil expectations, and parental support outside the classroom resulted in generally high achievement of the autism project. Parents also were made aware of political groups and legislative functions which could expand autism services.

The AEA team approach toward meeting the needs of the autistic student included providing access to the latest in technological and

medical knowledge. This did much to insure LEA and parental mutual confidence that is so necessary in keeping the program viable in the years to come. By means of constant feedback from other autistic programs throughout Iowa and the nation, it was readily apparent that the "most and best" was being done in AEA 13 and there was a desire by all involved to keep this tempo.

Efforts to meet the needs of the autistic students by LEA, parents, and AEA staff did not go unnoticed by state education institutions. Program offerings have become increasingly available which assist toward both certification and practical classroom requirements. Teachers for the autistic pupil are becoming more readily available and, as a result, those LEAs needing teachers for autistic programs are increasingly filling available positions, with much less effort than previously.

The project activities that will be carried on with their current impetus are expected to have continued good backing from the State Department of Public Instruction. The state consultant on autism and ancillary staff were alert and quick to respond to needs of the project. It is anticipated there will be a future offering and leadership role of the same quality.

Other groups within the boundaries of AEA 13 have offered services to the autistic pupil, and they have become cooperative in trying to meet the unique needs of the autistic child. In addition, they have anticipated future needs of the autistic person by way of planning or expanding residential, educational and vocational settings for the post-graduate autistic student. These agencies have also worked with the AEA to prevent duplication of efforts and services. The association of parents/parental groups with the various bodies offering services also provided parents with a vehicle for inputting information and feedback.

In addition to the related activities of the ongoing project, there will be a consistent philosophy throughout. It will suggest to the project and staff that the teacher is the most important single factor necessary for pupil success. Additionally, the philosophy suggests that prioritizing and meeting of needs is far more important than finding an acceptable label for the pupil's deficits.

REFERENCE

Wolthius, R. Presentation made at Autism Special Study Institute, Des Moines, Iowa, 1980.

SOUTHERN PRAIRIE AREA EDUCATION AGENCY

AUTISM SERVICE CENTER

1980-1983

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INTRODUCTION AND SUMMARY OF NEED

The children with autism in Southern Prairie Area Education Agency 15 have typically been served in a variety of school settings and service models. Those service models have ranged from regular classrooms to self-contained special education classrooms of various disability categories. The Southern Prairie Autism Service Center provides a model for delivery of services previously unavailable to children with autism. Also, the establishment of this Service Center has allowed those involved to compare the progress of students served in the center model with the progress of students who have been served in alternative programs. This comparison may yield vital information which will help to determine the best educational program for such children in the future.

The Southern Prairie Autism Service Center was developed to achieve the services and data collection mentioned above. The three major goals of the service center are listed below:

1. To provide an appropriate special education to a selected group of students with autism.

2. To serve as a training center for AEA/LEA personnel in the provision of special education and related services to students with autism.

3. To provide the practical base from which consultative services relating to students with autism will be sent to teachers, administrators, and parents in rural areas.

Although a variety of treatments have been proposed in the literature, the Southern Prairie Autism Service Center is based on the premise that educational intervention is appropriate with students with autism. Experts in the field have suggested that education may constitute the most important aspect of treatment and offer the greatest hope for bringing improvement in the present state of knowledge. Other experts believe that one important aspect of school is that it provides a structured environment and experience of social mixing and that the children who make the most progress are those who are given an opportunity to learn in an ordered, structured environment. Those who are involved in planning of the Autism Service Center would agree with these positions.

Unfortunately, educational opportunities for students with autism have been extremely limited. Therefore, the Southern Prairie Autism Service Center was developed to expand those educational opportunities. Such expansion of program possibilities may serve to decrease the extremely high percentage of adults with autism who are institutionalized because of lack of services. The Southern Prairie Autism Service Center personnel would agree with those who feel that the ideal system seems to be one that has both specialized units and has the possibility of admitting students with autism to other kinds of schools so that the best educational placement can be found for each student. The Southern Prairie

Model provides services to both center-based and home-school based students, as well as providing the necessary support for the transferring of some students from one setting to others.

The Southern Prairie Autism Service Center provides a core team for delivery of services that includes the teacher of children with behavior disorders, a full-time speech/language clinician, an instructional aide; plus support services provided by a special education consultant, a school psychologist, a school social worker, and other support personnel such as occupational and physical therapist and audiologist as needed. Such a team allows for the provision of an approach that emphasizes close integration of services provided through parents, educators, and other professionals. This team approach makes it less difficult and more manageable to program for those students with autism. The Southern Prairie Autism Service Center provides inservice training and can also be used as a center for training educators, parents, and other interested individuals in the provision of special education and related services to students with autism.

Parents sometimes need professional support in working with their children who have autism. The Southern Prairie Service Center model includes parents as participants in the educational planning and in the process of understanding and learning about autism. It is felt that one of the most important functions of an autism center is the provision of advice and help to parents on many different issues, including the opportunity to learn methods of managing undesirable behavior.

In summary, the team approach to providing comprehensive services to students with autism and their families is the primary focus of the Southern Prairie Autism Service Center. Center-based education for students, consultative assistance for students outside of the center, inservice training to increase awareness of autism, a center for student teaching or practicum training, and a place for parents to be informed, talk, and involved are all available through this model.

STRUCTURE OF THE PROGRAM

The Southern Prairie AEA 15 Autism Service Center was formed in the spring of 1980. An autism team consisting of one school psychologist, one speech and language clinician, one special education consultant, one school social worker, and the Special Education Instructional Services Supervisor was formed. The first four of those personnel attended a three-week workshop sponsored by the Department of Public Instruction in the summer of 1980. The intensive training provided at that workshop formed the solid foundation on which this program model was developed. In the fall of 1980, one behavior disorder teacher and one instructional aide were added to the team as the demonstration classroom began operation. That team met weekly to discuss how to best meet the educational, social and emotional needs of students with autism. Other AEA support personnel,

such as audiologists, occupational therapists and physical therapists, were available in those planning sessions as needed.

The Autism Service Center was located at Wilson Elementary School in Ottumwa, Iowa. This location was very desirable as all the students initially enrolled in the program were of elementary school age. Such a location afforded the opportunity for integration of those students with autism into regular education classes as indicated by each student's individual needs. Early in the planning of the structure for the program, emphasis was placed on charting and data collection. In fact, all personnel were involved in the collection of such data. These data have allowed for increased accuracy in determining the effect of educational interventions on the behavior of the students with autism.

One of the first activities the autism team undertook was to set criteria for placement in the Autism Service Center. Because the philosophy of the model that had been developed was very educational in nature, it is not surprising that the criteria for placement are also of an educational nature. It was agreed that there are five characteristics shared by many children with autism. It was further agreed that for a student to be identified as a child of autism for purposes of this model that four of those five characteristics must be present. However, not only must those characteristics be present, but those characteristics must also significantly impair the child's ability to communicate effectively or to relate appropriately to others and also interfere with that child's learning processes. Those five characteristics are listed below.

1. The absence of normal social and emotional responsiveness to adults and children.

2. A developmental disorder of language manifested by both failure to develop speech at the usual age or the odd use of speech and language and an inadequate understanding of language.

3. A resistance to change of routine or surroundings of compulsive repetition of odd or unusual behaviors.

4. A chronic duration and onset of such behaviors before age three.

5. A disturbance of perception or failure to adequately assimilate sensory input.

After those criteria for placement had been established, the team then began the task of identifying ways of assessing a student's characteristics as related to those five criteria. A number of formal and informal tests and observation systems were selected to enable the team to accomplish this goal of assessment. Each team member has used appropriate standardized tests when possible and has also designed more informal observation forms and checklists to use in the assessment process. The assessment tools selected by the team are listed below. The name of the

professional who would most likely use that tool is listed after each in parentheses.

1. Structured Observation System (Consultant)
2. Social Basis for Language (Speech Clinician)
3. Characteristics of Autism Checklist (Speech Clinician)
4. Autism Behavior Checklist (Psychologist)
5. Interaction Assessment (Consultant/Psychologist)
6. Teacher Observation Checklist (Speech Clinican/Teacher)
7. Educational, Social and Health History (Social Worker)
8. Autism Screening Instrument for Educational Plan (Psychologist)
9. Rimlinds E-2 (Social Worker)
10. Communicative Behaviors Characteristic of Autism (Speech Clinician)
11. Psychoeducational Profile (Psychologist)

Appendix A delineates which assessment tools are used to evaluate each of the five characteristics of children with autism.

The autism team then tackled the process of adapting a curriculum for the Autism Service Center. It was agreed by the team to use the curriculum suggested by Anne Donnellan which contains five domains thought to be necessary for functional living. Those five domains are listed below.

1. Educational Domain
2. Domestic Domain
3. Leisure Domain
4. Communication with Nonhandicapped Domain
5. Community Functioning Domain

Appendix B lists several learner tasks for each of these domains.

Functional communicative skills were integrated into all of these curriculum areas. In addition, each student was programmed to receive daily, intensive, and direct language therapy. The entire autism team was involved in the designing of behavior management programs. Provisions were made to use videotaping to assist in the evaluating of behaviors.

The classroom teacher and speech clinician also used videotaping to evaluate their own performance as providers of direct intervention to the students with autism.

As this curriculum was developed and refined, it became obvious to the team that several observation forms and checklists were needed to collect data regarding behaviors such as social interaction on the playground, echolalic language, work experience, negative behaviors, and competency on academic tasks. The following observation instruments were developed to accomplish this.

1. Playground Observation Form
2. Echolalia Observation Form
3. Work Experience Behavioral Checklist
4. Negative Behavior Sheet
5. Competency Form for Bowling Activities
6. Competency Form for Purchases in Small Grocery Store
7. Competency Form for Fast Food Restaurant Behavior
8. Competency Form for Assembling Shut-Off Valves
9. Competency Form for Assembling Television Couplers
10. Competency Form for Assembling Television Splitters
11. Competency Form for Assembling Battery Terminals

Parental involvement was encouraged from the beginning of the project. Such involvement was accomplished through the use of daily notebooks, activities calendars, communication records, and information handouts on the handicapping condition, autism. Of course, before any instruction began with students, Individual Educational Programs were developed with parents playing a very important role in that development. Those IEPs have been updated and revised at six-week intervals after the program had begun. Not only has communication been maintained through these frequent review staffings, but daily written and/or verbal communication has been maintained between the parents and the classroom. Notebooks have been passed from teacher to parent and from parent back to teacher on a daily basis. The classroom personnel has been able to summarize the school day in those notebooks and then parents in turn have been able to write down anything they wish to pass along to the classroom personnel and send that message back to school the next day with the students. Special information packets and flyers have been developed to acquaint parents with the program and with the disability of autism and its effect upon their children. Home programs have been designed to extend the curriculum skills previously described into the child's home

life. Individual or group counseling has been made available to parents and other significant people in each child's life.

A library of materials relevant to the field of autism has been established in the Autism Service Center. This library has been developed primarily for the use of each child's parents and the autism team, but it is also available to other interested professionals. That library consists of several books, journals and journal articles about autism. A listing of those materials is available for use by those who might be interested in such a resource.

A pamphlet describing the Southern Prairie Autism Service Center has also been developed. That pamphlet, of course, has been distributed to each child's parents, but also has been distributed widely to educators within the Southern Prairie Area Education Agency. The purpose of the pamphlet has been to raise the level of awareness of professionals and nonschool people in the area about autism and about the Autism Service Center. It is felt by the team that as more and more people become aware of the Autism Service Center and its available programs, the children in our area with autism will benefit from this increased public awareness of their individual and somewhat unique needs.

To further this process of increasing awareness, the autism team has developed and presented on several occasions an inservice package. Inservice presentations and programs have been given to all Area Education Agency personnel, the Wilson School staff, PTA groups, University classes, the Department of Public Instruction Board of Directors, the Area Education Agency Board of Directors, local Council of Exceptional Children meetings, and at a state-wide special education conference. Information about the Autism Service Center and its programs has been made available to members of the professional media. Autism team members have participated on both radio and television programs and have written articles for publication in AEA newsletters, the newsletter of the State Chapter of the National Association for Autistic Children, and have been the subject of articles in the local newspapers.

As the educational programming for students with autism was provided, it became increasingly apparent that many of those students could be successfully integrated into regular education classrooms. Students have been integrated with general education students to the greatest extent possible. Lunch and recess have been taken with the total school population from almost the very beginning of the program. Frequently, the students in the autism classroom have joined their nonhandicapped peers for school assemblies, art activities, film, and some academic classes whenever possible. On many occasions, the instructional aide has accompanied students from the autism classrooms as they have been integrated into the regular education classes. Care has been taken to provide close coordination and follow-up on students who are regularly integrated into other classrooms. Appendix C includes a Follow-up Report that regular education teachers frequently complete to aid in the successful integration of students with autism. Charting and other kinds of data collection are also continued as the students are integrated.

Such data collection has allowed the autism team to objectively evaluate the success of these integrations. This data has also allowed members of the Wilson School staff and members of the autism team to rely on objective information rather than subjective information in the evaluation of integration in the regular education classroom.

The autism team has been active in assessing and diagnosing students referred to the team by other professionals. These referrals have come from many areas of the ten counties which compose the Southern Prairie Area Education Agency. In addition to this assessment of referred students, the Southern Prairie Autism Service Center has offered consultation to local school district teachers, administrators, and parents in any of the 26 school districts served by the AEA. Team members have provided programming suggestions and materials for parents and professionals working with children with autism who live in outlying areas and are served in alternative classroom models. Follow-up consultation and communications have been maintained between the autism team and those professionals. The demonstration classroom has been available for observation by all educational personnel. During each of the three years that the Autism Service Center has been in operation, 25 to 30 people have observed there. The demonstration classroom has been the practicum site for one student teacher in the spring of 1983. As mentioned before, the autism team is available to general education teachers for informal conferences on behavior modification, speech and language remediation and suggestions on the successful integration of handicapped students in the regular education classrooms.

The autism team has developed an autism book for possible publication to assist others in setting up such a classroom. This book or manual encompasses the following areas:

1. Orientation and Overview
2. Employee Information
3. Successful Involvement of Parents
4. Assessment
5. Curriculum
6. Inservice Presentations
7. General Information on Autism

GOALS AND ACCOMPLISHMENTS

Our first and primary goal has been to provide direct instructional support services to children with autism within the Southern Prairie Area Education Agency. Over the past three-year period in which the Autism

Program has been functioning, approximately ten children suspected of having autism have been evaluated. Five of those children have received direct services from the Autism Service Center itself and two other children have received consultative services from the autism team. Three of the children who were evaluated did not quality for programming but have received consultative services to the program in which they were in fact being served.

Our second objective has been to provide a model that could be exported to other agencies. We feel this has been accomplished by the development of a model which requires the services of a full-time teacher with a background in behavior disorders and behavioral programming, a half-time speech clinician and also a full-time instructional aide.

Our model is one that contains three phases. Phase one is an identification, evaluation and direct service phase. Phase two has been geared toward providing more intensive direct service with a focus on mainstreaming and educating the child in the least restrictive environment. Phase three has been the actual placement of the student back into a less restrictive environment.

In terms of developing a model for assessment as mentioned earlier, each discipline member of the team has developed an approach for their assessment which provides other team members with relevant information related to the criteria for identification of students with autism. These various assessment approaches have been shared periodically with the Department of Public Instruction. This assessment approach was found to be sound when scrutinized during a due process hearing in the course of our program development.

Although we have done a good deal of mainstreaming with much success, accomplishing the goal listed in phase three has proved to be difficult. It is, however, anticipated that at least one student who is enrolled in the program may reach a point in his educational programming that will allow him to be educated solely in a much less restrictive environment.

The third objective has been to develop an appropriate curriculum and teaching methods for this population both within and outside the typical setting. Some of the accomplishments in this area have been the following:

1. Students have participated in vocational activities such as assembly, collating, stapling, and sorting.

2. Students have developed prerequisite behaviors for vocational activities. Such prerequisite behaviors have included increased on-task behavior, ability to follow a time schedule, increased interaction with others, acceptance of responsibility for vocational work, and also decreased self-stimulatory behaviors.

3. Students have increased community function skills and independent functioning at public places of business, such as grocery store and restaurant.

4. Students have increased recreational/leisure skills and have made progress in developing age-appropriate activities such as table games and swimming.

5. Students have increased their academic skill levels. All students have received instruction at their own independent skill level.

6. All methods and curricula have been geared to develop more natural-life situations for language training in individual and group situations. Social communication has especially been stressed. The overall curriculum is deeply embedded with language-based instruction. The communication model incorporated by the Autism Service Center includes assessment techniques which address language beyond the usual aspects of communication. This has produced a greater ease in mainstreaming, less echolalic responses, and more self-initiation of communicative speech. In addition to these advantages, students have evidenced more appropriate responses to questions, more spontaneous speech, and children who have been previously noncommunicative have developed gestures and pictures to communicate and in some cases learned to use alternative language systems. Because the students with autism have had such intensive language therapy and have shown progress because of that therapy, maximum experience with their peers have been enhanced.

Our fourth objective has been to provide supportive services to families of children with autism. We have accomplished this through ongoing meetings and by daily communication which have been described earlier in the monograph. In addition to that daily communication, consultative as well as counseling services to the families and extended families of these children has been available. The development of a language program for each child for use by the child's parents to enhance their interaction as well as to extend the training to the home situation has also been an accomplishment in this area.

The fifth objective has been to provide inservice to the local education agencies and other agencies about the handicapping condition of autism. These activities have also been described earlier. It is felt that public awareness has been increased by these activities. After making several inservice presentations, the autism team has been able to refine the inservice package. That inservice package could be used by other agencies for similar kinds of activities.

Our sixth and final objective has been to assist in the provision of a practicum and a teacher training site. The Southern Prairie Autism Service Center feels that college preparation programs need to have locations available at which students can receive practical opportunities to apply skills learned in undergraduate and graduate teacher preparation programs. The Southern Prairie Autism Service Center has provided the following opportunities in this area.

1. Educational practicums for teachers and support staff.

2. A place for visiting LEA and AEA personnel and parents to observe teaching techniques and systems for the provision of education for children with autism.

3. Training for LEA personnel in the Wilson School Building on how children with autism can be mainstreamed successfully.

PROJECT ACTIVITIES IN THE FUTURE

Several project activities will be completed by the Southern Prairie Area Education Agency Autism Service Center after special funding has ended. These activities will be based on the two primary goals for the years 1983-86. Those goals are listed below.

1. To provide an appropriate special education to a group of students with autism.

2. To provide a practical base from which consultative services related to students with autism may be provided to teachers, administrators and parents in rural areas.

The primary focus of the autism project in the near future will be the provision of an appropriate education to students with autism. Each student will receive individualized instruction based on an Individual Education Program (IEP) developed by the student's parents and other members of the autism team. Goals and objectives will be developed that are specifically designed for the individual students. Those goals and objectives will be based on a five-strand curriculum. Those curriculum strands will be the same as those that have been used in previous years. That curriculum has been adapted and written by the autism team and will be compiled in printed form in the future. As in the past, the teacher and speech/language clinician will plan to conduct learning activities in these areas. Of course, all instruction will be closely monitored and charting and other data collection activities will continue. Such data collection will enable the autism team to accurately review each student's IEP every six weeks in a formal review staffing. Parental involvement in those staffings will be actively sought and reinforced. Daily communication with each student's parents will be achieved as in the past through the use of a notebook containing an anecdotal summary of the events of each day. Parents may then write in the notebook, either reacting to the summary or furnishing information to the teacher and clinician that is educationally relevant. The notebook will be returned on the next school day so that the process may be repeated.

In addition to this provision of direct services, the team will continue to make area teachers and administrators knowledgeable of the Autism Service Center and its two goals. The wide-spread distribution of updated pamphlets describing the autism program will be the first activity

conducted to raise the level of awareness of local educators. Those working on the autism program will also be available to provide inservice presentations about activities of the program.

The Autism Service Center will be staffed much in the same manner as it has been when supported by special funding. The following personnel will work in the classroom on a daily basis:

1. A full-time, fully certified and approved Teacher
2. A one-half time Speech/Language Clinician
3. A full-time instructional Aide

Those direct service personnel will be supported by the following professional staff:

1. A School Social Worker
2. A School Psychologist
3. A Special Education Consultant
4. A Special Education Zone Coordinator (Team Leader)

These direct services and support staff personnel will again form the autism team. As awareness of the team continues to increase, additional student assessment activities will be conducted. Those activities will involve the evaluation of the youngsters referred to the team by parents, teachers, and other AEA teams. The purpose of those referrals typically will be to help in the determination of how a student can best learn. Some of the referrals may lead to an educational placement in the Autism Service Center. However, many of the referrals and perhaps most of the referrals will lead to recommendations that will enable students to receive educational services in a relatively less restrictive environment. Those less restrictive placements generally will be located in the student's home school district. Thus, the concept of least restrictive environment will continue to be emphasized.

The team will also provide support services to the staff or local schools where students with autism are served in alternative disability models. Such consultation may involve follow-up activities on students who have returned from the autism classroom to their own schools. Those students who have returned to their home school district probably will not require extensive services, but some services will certainly be necessary. For example, there may be a need for behavior management systems to be continued in the student's new educational placement. In some cases, the autism class teacher and speech/language clinician may be able to demonstrate teaching techniques to the student's new teacher and clinician.

A final activity planned by the team is a presentation of the Southern Prairie Autism Model at a convention. The team feels that while

the Southern Prairie Model will always need refining and redirection for some students, it is basically sound. Other professionals may benefit from learning how this program attempts to educate students with autism. But, perhaps the greatest benefactor of such a presentation would be the team itself. The self-inquiry and thinking required to plan the presentation could help the team to discover ways to improve its instructional model. Also, questions or comments from the audience may provide insights that the team has overlooked.

In summary, the Southern Prairie Autism Service Center will conduct activities in the future related to two basic goals. Those goals consist of the provision of direct services to students with autism and the provision of consultative services to parents and other educators. The current staff will be maintained in order to complete these activities. It is felt that the three years of special funding have enabled the Southern Prairie Autism Service Center to demonstrate its ability to accomplish previous goals. Those involved in the project look forward to reaching goals set for the future.

APPENDIX A

ASSESSMENT OF BEHAVIOR CHARACTERISTICS OF CHILDREN WITH AUTISM

1. The absence of normal social and emotional responsiveness to children or adults.

   Assessed by: Structured Observation System
   Social Basis for Language
   Characteristics of Autism Checklist
   Interaction Assessment
   Psychoeducational Profile
   Teacher Observation Checklist
   Educational, Social, Health History

2. Developmental disorder of language manifested by both failure to develop speech at the usual age or the odd use of speech and inadequate understanding of spoken language.

   Assessed by: Transactional Assessment of Language
   Teacher Observation Checklist
   Rimlands E-2
   Autism Screening Instrument for Educational Planning

3. Resistance to change of routine or surroundings or compulsive repetition of odd behaviors.

   Assessed by: Teacher Observation Checklist
   Autism Screening Instrument for Educational Planning
   Structured Observation System
   Psychoeducational Profile
   Rimlands E-2

4. Chronic duration and onset of such behavior before age three.

   Assessed by: Rimlands E-2
   Autism Screening Instrument for Educational Planning

5. Disturbance of perception

   Assessed by: Psychoeducational Profile
   Autism Screening Instrument for Educational Planning
   Teacher Observation Checklist
   Rimlands E-2

APPENDIX B

CURRICULUM TASKS FOR SOUTHERN PRAIRIE AUTISM SERVICE CENTER

by Gayle Collett and Lynn Milsap

1. Educational Domain
   - A. Classroom
     1. Sitting and raising hand
     2. Staying on task
     3. Lining up
     4. Waiting turn
     5. Buying lunch/milk ticket
     6. Working independently
     7. Making decisions
   - B. Gym
     1. Follows teacher's directions
     2. Cooperates with other students
     3. Able to do gross motor skills
   - C. Music Room
     1. Follows directions
     2. Singing
     3. Clapping
     4. Rhythm
     5. Learn instrument
   - D. Recess
     1. Learn to speak to others
     2. Learn to respond to others
     3. Learn to play with others
     4. Learn organized games
   - E. Lunch
     1. Get lunch
     2. Eat by self
     3 Return tray
   - F. Hall and Bathroom
     1. Do not run
     2. Get drinks quietly
     3. Be quiet and quick in bathrooms
     4. Washing hands
   - G. Manipulatives
     1. Opening and closing drawers
     2. Pushing
     3. Pulling
     4. Rolling
     5. Stacking
     6. Pounding
     7. Threading or stringing
     8. Turning lid
     9. Matching
     10. Sorting
     11. Weaving

G. Manipulatives con't.
   12. Blowing
   13. Pouring
   14. Puzzles
   15. Folding
   16. Hooking
   17. Lacing
   18. Tying
   19. Buckling
   20. Pinning
   21. Cutting
   22. Coloring

H. Sensory Development
   1. Visually discriminate color
   2. Visually discriminate form
   3. Visually discriminate size
   4. Discriminates taste (edible substances)
   5. Discriminates sounds
   6. Discriminates smells
   7. Discriminates temperature
   8. Discriminates weight
   9. Discriminates textures
   10. Discriminates hurtful

I. Reading
   1. Can get information from pictures and packages
   2. Knows alphabet
   3. Recognizes safety words
   4. Recognizes functional words
   5. Remembers words he reads
   6. Can read books
   7. Can alphabetize
   8. Can read packages
   9. Breaks down words phonetically
   10. Can read newspapers

J. Writing
   1. Can copy (vertical, horizontal, diagonal, and circular)
   2. Can trace (vertical, horizontal, diagonal, and circular)
   3. Can trace letters
   4. Can spell name
   5. Can copy letters
   6. Can spell common words
   7. Can print or write notes and messages
   8. Can write letters
   9. Uses dictionary for spelling

K. Numerical Skills
   1. Counts to 100 by 1's
   2. Counts to 100 by 10's
   3. Can write numbers to 100
   4. Can read numbers to 100
   5. Counts to 100 by 5's
   6. Can add without carrying
   7. Can subtract without borrowing

K. Numerical Skills con't.
   8. Understands greater, less, equal
   9. Understands original numerals (first, second, third)
   10. Can read number words to 100
   11. Can add with carrying
   12. Counts to 100 by 2's
   13. Can write number words to 100
   14. Can subtract with borrowing
   15. Can multiply
   16. Can divide

L. Library
   1. How to choose books
   2. Be quiet
   3. Check out book

M. Discipline
   1. Follow directions
   2. Sit quietly
   3. Is respectful to teachers and others
   4. Managing own feelings
   5. Can select object if named
   6. Follows simple instructions
   7. Listens when others speak
   8. Follows ordinary instructions
   9. Follows numerical instructions
   10. Follows conditional instructions

N. Values and Manners
   1. Be polite
   2. Considerate
   3. Handles fear
   4. Friendly
   5. Do not cheat
   6. Do not lie
   7. Do not steal
   8. Keep a promise
   9. Chews with mouth closed
   10. Eats proper amount
   11. Spreads with knife
   12. Passes food
   13. Cuts food with knife
   14. Table manners and uses napkins

O. Responsibility
   1. Understands and respects "private" property
   2. Can clean up debris of small accident
   3. Can call police
   4. Can activate fire alarm
   5. Can call doctor
   6. Can use fire extinguisher
   7. Can call fire department
   8. Can perform first aid on others

II. Domestic domain
   A. Self-Help Skills
      1. Drinks from glass

A. Self-Help Skills con't.
   2. Eats with spoon
   3. Drinks from water fountain
   4. Carries tray
   5. Drinks through straw
   6. Eats with fork
   7. Pours liquid
   8. Removes clothes
   9. Puts on clothes
   10. Buttoning
   11. Zippering
   12. Snapping
   13. Tying
   14. Lacing and buckling
   15. Turning

B. Self-Awareness
   1. Face awareness
   2. Body parts
   3. Family importance
   4. Five senses
   5. Knows full name
   6. Knows parent's name and family member's names
   7. Knows his age
   8. Knows address
   9. Knows phone number

C. Household Tasks
   1. Puts away toys
   2. Setting table
   3. Clears and washes table
   4. Doing dishes
   5. Empties trash
   6. Dusting furniture
   7. Sweeping with broom
   8. Using dust pan
   9. Picking up room
   10. Mopping floor
   11. Using toaster
   12. Making sandwich
   13. Vacuuming
   14. Bed making
   15. Cleans windows and mirrors
   16. Polishing silverware

D. Personal Grooming
   1. Toiletting
   2. Brush teeth
   3. Comb hair
   4. Wash hands and face
   5. Cleans nails
   6. Uses deodorant
   7. Uses good posture
   8. Hangs up clothes
   9. Shining shoes

E. Health
   1. Cleanliness
   2. Four food groups
   3. Teeth care
   4. Seeks help for injury or illness
   5. Stays on special diet if necessary
   6. Performs simple first aid on self
   7. Takes own medication if necessary

F. Time Concepts
   1. Knows days of week
   2. Knows dates of month
   3. Can read calendar
   4. Knows seasons
   5. Knows holidays
   6. Can tell time
   7. Schedules events by time
   8. Sequencing

G. Safety and Public Information
   A. Can read and understand common signs
      1. Stop
      2. Go
      3. Slow
      4. Danger
      5. Boys (men)
      6. Girls (women)
      7. Exit
      8. Enter
      9. Down
      10. Up
      11. Hot
      12. Walk
      13. Don't Walk
      14. Telephone
      15. No Trespassing
      16. Hospital

H. Using Telephone
   1. Answers telephone
   2. Takes message
   3. How to use receiver
   4. How to dial
   5. What to say
   6. When to hang up
   7. Can obtain call from operator
   8. How to obtain number from operator
   9. Can use "push button" dial
   10. How to use pay phone

III. Leisure Domain
   A. Independent Play
      1. Trucks
      2. Dolls
      3. Jacks

A. Independent Play con't.
   4. Legos
   5. Tricycles
   6. Bicycles
   7. Toys in general

B. Exercises
   1. Jump over line
   2. Roll like log
   3. Lie on floor and lift head only
   4. Lie on floor and lift shoulders only
   5. Skooter board activities
   6. Sit-ups
   7. Windmills
   8. Bounce rubber ball
   9. Dribble rubber ball
   10. Sit on ball and walk
   11. Hit balloon with palm of hand
   12. Somersault
   13. Push-ups
   14. Skipping

C. Playground
   1. Four square
   2. Jump rope
   3. Swinging
   4. Kicking ball
   5. How to initiate play
   6. How to maintain play
   7. Learns sportsmanship

D. Roller Skating
   1. How to pay and rent skates
   2. Put on skates
   3. Roller skate
   4. Return skates

E. Spectator Activities
   1. Watches TV
   2. Listens to radio
   3. Plays records or tapes
   4. Goes to athletic events
   5. Goes to movies, plays, concerts
   6. Read magazines and newspapers

F. Participation
   1. Will join in ongoing activities
   2. Initiates own leisure time activities
   3. Does arts and crafts
   4. Plays cards
   5. Plays table games
   6. Dances
   7. Wins and loses gracefully
   8. Plays board games
   9. Swims
   10. Plays team sports
   11. Plays word games
   12. Sews

F. Participation con't.
   13. Goes camping
   14. Jogs
   15. Plays musical instrument
   16. Gymnastics
   17. Gardens

G. Bowling
   1. How to pay and rent shoes
   2. Which lane to go to
   3. How to choose bowling ball
   4. How to bowl
   5. How to score
   6. Return ball and shoes

H. Swimming
   1 How to pay
   2. Where to change clothes
   3. Where to check clothes
   4. How to swim
   5. How to dive

I. Ball Games
   1. Playing catch
   2. Basketball

J. Caring for Animals
   1. Feeding daily
   2. Cleaning cage

K. Caring for Plants
   1. Planting
   2. Watering
   3. Sunlight

L. Public Recreation
   1. Pinball machines
   2. Tennis
   3. Fishing
   4. Parks
   5. Darts
   6. Fooseball machine
   7. Computer games

IV. Communication Domain

A. Interaction with Others
   1. Expresses emotion
   2. Uses hello and goodbye appropriately
   3. Looks at person while speaking
   4. Maintains appropriate social distance
   5. Engages in conversation
   6. Apologizes appropriately
   7. Waits while others speak
   8. Introduces self to others

B. Receptive Language
   1. Attends to voice of another person
   2. Understands tone of voice, gestures
   3. Responds to own name

B. Receptive Language con't.
   4. Follows simple commands in familiar social context or with aid of gestures
   5. Imitates actions (waves bye)
   6. Understands names of objects in environment
   7. Understands actions
   8. Understands function that show these relationships:
      -existence (to point out objects)
      -recurrence (to request and to comment on the recurrence of an activity or object)
      -disappearance (to comment on the disappearance of object which had existed in context)
      -nonexistence (to comment on nonexistence where existence had been expected)
      -cessation (to comment on the cessation of an activity)
      -rejection (to protest undesired action or comment on forbidden object, i.e. stove)
      -action (to request the action of being picked up)
      -location (to comment on spatial location)
   9. Understands body parts
   10. Understands simple commands without the aid of context or gestures
   11. Understands semantic relations:
      -nomination
      -notice
      -recurrence
      -nonexistence
      -attributive
      -possessive
      -locative
      -agent-action
      -agent-object
      -action-object
      -conjunction
   12. Understands word-order rules
   13. Understands functions of objects (what do you wear on your feet)
   14. Understands size, quantity, shape concepts
   15. Understands modifiers, such as rough, smooth, fast, slow, hard, soft
   16. Understands WH questions (who, what, when, why, where)
   17. Understands humor

C. Expressive Language
   1. Indicates pleasure
   2. Indicates displeasure
   3. Changes state in response to change in external stimulation
   4. Signals "No"
   5. Signals desire for repetition of pleasurable activity
   6. Signals "Yes"
   7. Uses nonconventional (iconic) gestures (e.g., holds up cup for more drink)
   8. Uses conventional indicating gestures (point, show, give, want, wave)

C. Expressive Language con't.

9. Uses ritualized verbal expressions (hi, bye, more)
10. Labels present objects (can be oral, manual sign, Bliss symbols, written words, picture board, etc.)
11. Labels absent objects
12. Uses verbs
    -adjectives
    -pronouns
    -adverbs
    -prepositions
13. Uses function words that express these relationships: (see Receptive Language for definitions)
    -existence ("there," "Uh-oh")
    -recurrence ("more")
    -disappearance ("away," "all gone")
    -nonexistence ("no")
    -cessation ("stop")
    -rejection ("no")
    -action ("up")
    -location ("up")
14. Uses words/signs to request items or activities
15. Produces 2-word/sign utterances
16. Uses a variety of semantic relationships:
    -nomination ("that book")
    -recurrence ("more milk")
    -nonexistence ("all gone milk")
    -attributive ("big train")
    -possessive ("mommy car")
    -locative ("ball chair")
    -agent-action ("Susie read")
    -agent-object ("Mommy sock")
    -action-object ("read book")
    -conjunction ("umbrella boot")
17. Uses a variety of pragmatic functions:
    -to regulate attention
    -to regulate action
    -to request information
    -to reply/answer
    -to greet
    -to repeat/imitate
    -to label
    -to rehearse words
18. Uses grammatical structures:
    -present progressive (ing)
    -preposition (in)
    -preposition (on)
    -plural-regular (-s, -es)
    -plural--irregular (came, ran, etc.)
    -positive ('s)
    -uncontractible copula (is, am, are)
    -articles (a, the)
    -past regular (-d, -ed, -/t/)
    -3rd person regular (-s, e.g., runs)

C. Expressive Language con't.
-3rd person irregular (does, has)
-uncontractible auxiliary (are running)
-contractible copula ('s, 'm. 're)
-contractible auxiliary ('s, 'm, 're)

19. Relates immediate experiences to other family members
20. Responds to initial greetings of others, such as "hi," "How are you?"
21. Uses conversational skils:
-alternating turns
-relating topic of utterance to topic of listener's previous utterance
-providing only information which is necessary (i.e., new information) but still sufficient to continue conversation
-observing the "rules" of conversation (be truthful, be relevant, provide and request only new information)
-deliberate violations of these conversational rules (polite forms/indirect directives, playful/humorous violations)
22. Pitch of voice is appropriate
23. Voice quality is appropriate
24. Resonance (oral passage-nasal) is appropriate
25. Rate and rhythm of speech is appropriate
26. Intensity of speech is appropriate
27. Articulation is intelligible

V. Community Functioning Domain
A. Independent Travel
1. Can walk safely to destination
2. Can ride bike safely to destination
3. Can ride bus
4. Can ride taxi

B. Go to Store
1. Money terms
2. How to make choices
3. How to pay
4. What to say

C. Using Money
1. Knows coins
2. Counts change
3. How to purchase
4. Knows about sales tax
5. What things are worth
6. Budgets money

D. Go to Bank
1. Open savings account
2. Make deposit
3. Make a withdrawal

E. Go to a Restaurant
1. How to read menu
2. How to order
3. How to pay and wait for change
4. Return tray

F. Go to Post Office
   1. How to buy stamps
   2. Where to put stamp on enevelope
   3. Where to mail letters

G. Careers & Vocational Activity
   1. Awareness of occupations
   2. Collating papers
   3. Punching holes in paper
   4. Stapling papers
   5. Filing alphabetically
   6. Sorting mail by state
   7. Using tools
   8. Assemblying hardware & machinery
   9. Operating machinery (camera, projector, typewriter)
   10. Typing short letter

H. Travel Skills
   1. Understands directionality (right, left, up, down)
   2. Recognizes policeman as sources of help
   3. Can read addresses
   4. Responds to traffic lights and signs
   5. Can find and use public toilet
   6. Can ask for and follow directions
   7. Knows North, South, East, West
   8. Can read maps
   9. Can read bus schedules

APPENDIX C

FOLLOW-UP REPORT

Please complete the following rating and questions regarding who is enrolled in your class for at least part of the school day. You are being asked to complete this information so that it may be determined how well the student is adjusting to the regular classroom and to determine if additional support services are needed to assist in making this transition. Thank you for your cooperation.

Please return to:

Teacher's Name_____Date_____
Grade Level_____Subject Area_____
School_____School District_____

Place a check on the appropriate line after each time.

Academic - Group Work	Always	Sometimes	Never
1. Listens quietly to directions.	___	___	___
2. Appears inattentive when directions are given.	___	___	___
3. Refuses to listen to directions.	___	___	___
4. Adds unnecessary comments when directions are given.	___	___	___
5. Follows directions accurately.	___	___	___
6. Volunteers information pertinent to the subject during a discussion.	___	___	___
7. Has to be called on to participate in a discussion.	___	___	___
8. Appears inattentive during a discussion - plays with objects, talks, etc.	___	___	___
9. Refuses to participate in a discussion.	___	___	___
10. Participates in group activities.	___	___	___
11. Has difficulty working in a group.	___	___	___

Academic - Independent Work	Always	Sometimes	Never
1. Is prepared with proper materials (paper, pencil, eraser).	—	—	—
2. Can repeat or read directions for independent work.	—	—	—
3. Follows direction when working independently.	—	—	—
4. Begins assignment within 2 minutes of being given, no reminders.	—	—	—
5. Needs reminders to start on a task.	—	—	—
6. Refuses to work independently.	—	—	—
7. Works quietly on assignments.	—	—	—
8. Does things to distract others during independent work time.	—	—	—
9. Asks for help when needed.	—	—	—
10. Asks for help an excessive amount of time.	—	—	—
11. Accepts help.	—	—	—
12. Daydreams during independent work.	—	—	—
13. Wanders around room instead of working.	—	—	—
14. Keeps trying, even when work is difficult.	—	—	—
15. Finishes assignments on time.	—	—	—
16. Returns homework assignments on time.	—	—	—
17. Has difficulty working independently.	—	—	—

Behavior			
1. Follows classroom rules and routines.	—	—	—
2. Follows school rules on playground.	—	—	—
3. Follows school rules in lunchroom.	—	—	—
4. Follows school rules in hallway/bathroom.	—	—	—
5. Becomes easily frustrated.	—	—	—
6. Expresses anger inappropriately/unpredictably.	—	—	—

Behavior con't.	Always	Sometimes	Never
7. Swears or uses unacceptable words.	___	___	___
8. Appears anxious or worried.	___	___	___
9. Has trouble finding things to do with self.	___	___	___
10. Expresses a strong dislike for school.	___	___	___
11. Is rewarded by attention (for whatever reason).	___	___	___
12. Is rewarded simply by getting a task done.	___	___	___
13. Is rewarded by activity experiences (e.g., games, coloring, puzzles).	___	___	___
14. Is rewarded by praise from significant persons.	___	___	___
15. Is rewarded by the satisfaction of learning new facts and skills.	___	___	___
Interaction with Teacher			
1. Is positive and friendly.	___	___	___
2. Tries to be manipulative.	___	___	___
3. Is antagonistic and uncooperative.	___	___	___
4. Avoids interaction with teacher.	___	___	___
5. Is rewarded by praise and attention from the teacher.	___	___	___
Interaction with Peers			
1. Gets along well with others in general.	___	___	___
2. Avoids interaction with others.	___	___	___
3. Gets along well with others on the playground.	___	___	___
4. Respects the rights and property of others.	___	___	___
5. Fights with others.	___	___	___
6. Tries to bully others.	___	___	___
7. Is dependent on praise and attention from others.	___	___	___